BALTIMORE, MARYLAND 2120	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it after death. Page 6 may be retained by the ingestion.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to hours after de-th with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is varked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BA	s after d	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the it hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical ex
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e pe en	rior to	traum
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DIRECTOR: A hours after de lem 28 Is

TO THE FUNERAL D
De filed within 72 h
IMPORTANT: If It HOSPITAL

THE THE

•8-28-90 cm FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Q YEAR 28 Aristian 7:250 a 6 0 4. SOCIAL SECURITY, NUMBER 5. 3EX 6. AG (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 F 217-16-4095 YRS 9-16-22 Balto. Md 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross DIRECTOR Silver Montsomery RESIDENCE OF DECEDENT 10a. STATE 106 COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore TYES 2 NO MD. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5714 Newholme 21206 Avenue S.A 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Bleck, White, etc. 1 Never Merried 2 Married If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify Caucasia BY 3 Widowed 4 Divorced 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only hig ᆸ Elamentary/Secondary (0-12) COMPL Albert F. Goetze 9th GRade FActory 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Nagle IONE Eileen Thornton BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5714 Newholme Avenue Baltimore, Md. -21206 Doris E. Nagle 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20e. METHOD OF DISPOSITION
1 ☒ Buriel 2 ☐ Cremetton 3 ☐ Removal from State 20c. LOCATION - City or Town, Stata Baltimore, Md. 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 Belair Road Balto. Md.-21206 John C. Miller, Inc. 23. PART L inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximete hock, or heart failure. List only one cause or each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese or condition OUP TO (OR AS A CONSEQUENCE OF): resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, if eny, leading to immediate Intracholonina / Infectio DE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, HOSPITAL: EXAMINER? OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Dipatient 2 ER/Outpatient 3 DOA 27. MANNER OF OEATH 28e. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending Investigation 1 YES 2 NO М NY. 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) Sulcide 3 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner on stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner ee ateted.

296. SIGNATIME AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

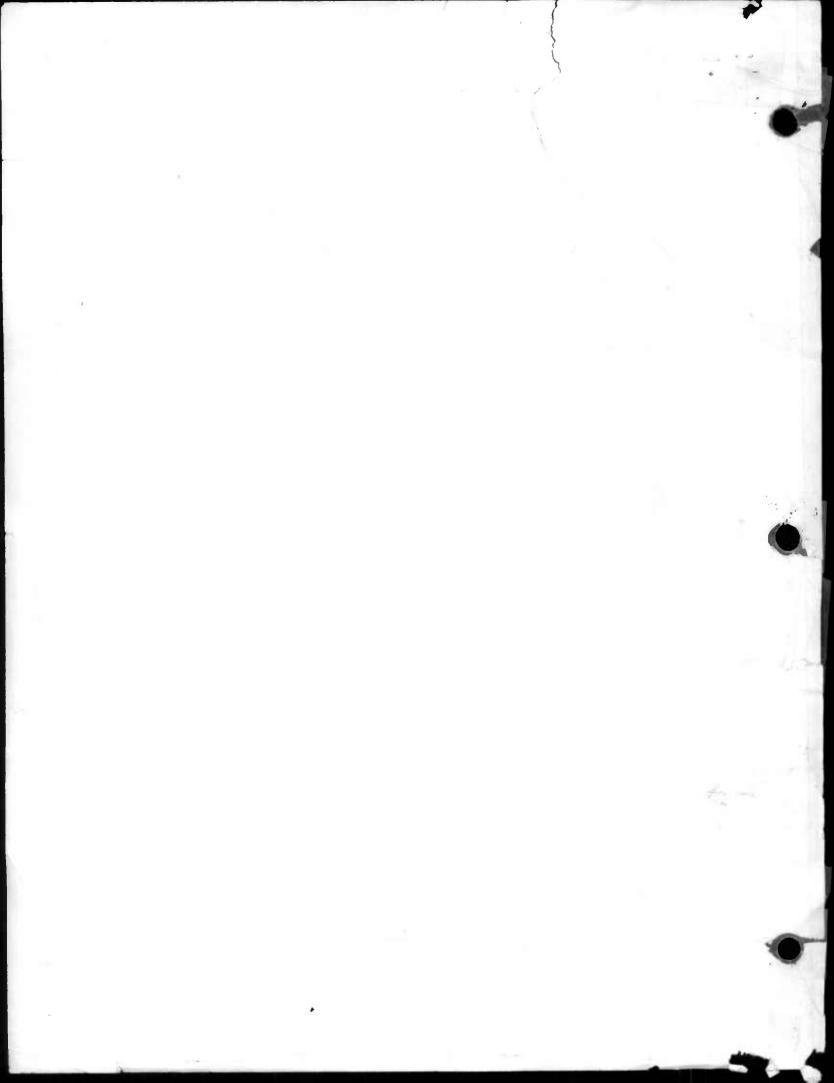
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8 Could not be

2 1991 32. RESPUTITE A Sanday - Randall

29d. DATE SIGNED (Month, Day,

6/25



BALTIMORE, MARYLAND 1946
S after death. Page 6 may be retained by the filed in by the funeral director, page 5 should be filed in by the funeral director, page 5 should be filed in or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the TO THE FUNEFAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

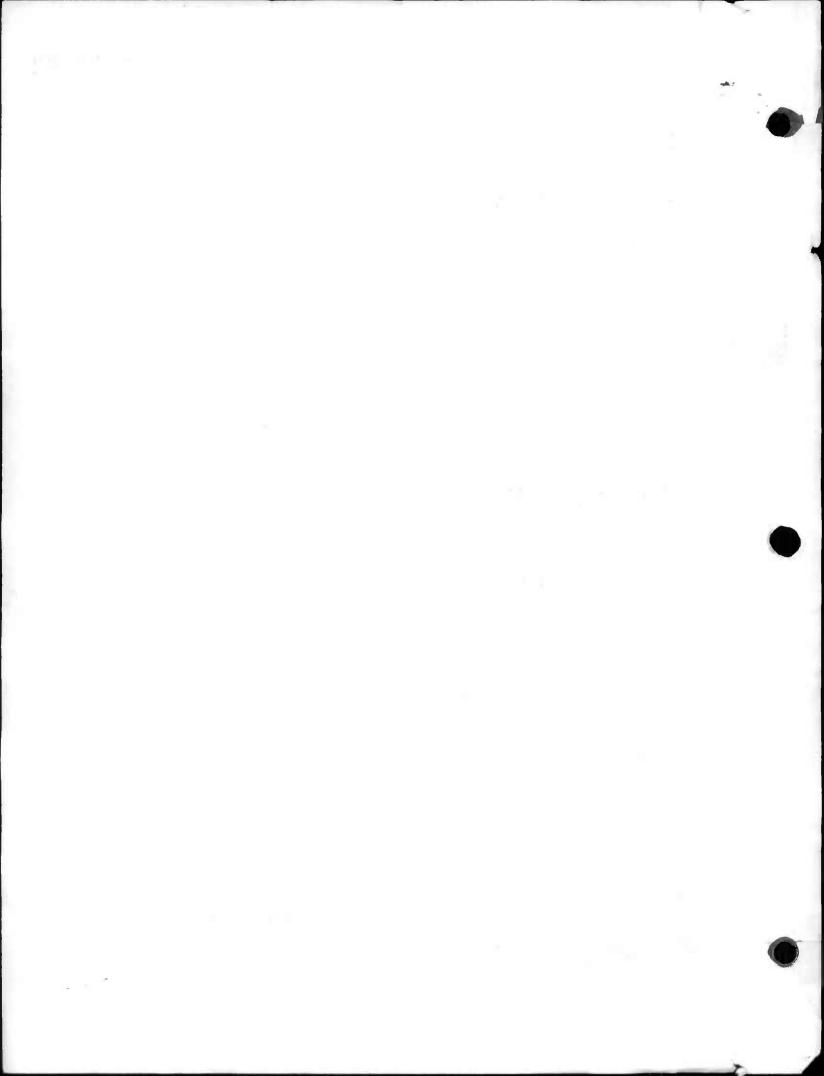
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at many

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

REGISTRAR		CERTIF	ICALE	: OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Helen	m	Pogan				2. OATE OF C	DAY	′	YEAR	3. TIME OF DEATH
	T.	Rogan				June 2				6:30AM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs, lest birthday) 70 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF B (Month, Day	y, Year)		Country	
214-24-9928	Λ	78 YHS.				7-9	-11			reland
9e. FACILITY NAME (If not institution, give st	d General	Hognital	1		R LOCATION OF DE			9c. COUNT	Y OF D	EATH
RESIDENCE OF DECEDENT	d General	HOSPILAI	<u> </u>	ватт	imore Ci	.ty				
Marylan RESIDENCE OF DECEDENT 100. STATE Pennsylvania Ad		10c, CF	TY, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
Pennsylvania Ad	ams		Litt	lest	own				- 1	1 YES 2 NO
10e. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY?
237 Spring Lane 11. Marital Status					17340			U.:	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMEO			ENDENT OF HISPAN			or No— 1	4. RACE	— American Indian, , White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Olvorced	IF YES, GIVE WAR				2X NO Specify		.,		Speci	ty:
	MATION	18e. DECEDENT'S		201121710	A1	404 1/104	D 05 DU0	DIEGO (DIGI	OTOV	White
(Specify only highest grade	completed)	(Give kind of life. Do NOT L	work done ouse retired.)	during mo	st of working	180. KIN	D OF BUS	INESS/INOU	SIRY	
Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Cle				MD	Nat	ional	Ват	nk
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 6th 17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				-41	
					UNKNO	WN O'B	rian			
190. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street a	nd Number or Rural F	Route Number, C	City or Town	, State, Zip (Code)	
Ann Asberry		237	Spri	ing 1	Lane Li	ttlest	own,	PA 1	7340)
20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remains	numi from State	20b. PLACE OF DISPO	SITION (Na	me of cen	netery, crematory or		20c, LO	CATION - C	ity or To	wn, State
4 Donetion 5 Other (Specify)	Svai nom State	New Ca	thedr	al (Cemetery		Ва	ltimo	re,	MD
21. SIGNATURE OF FUNERAL SERVICE DIC	ENSEE		22. H1	NAME AN	nd Address of FA	CILITY	o T,	20		
Janil 8	11		1		Wilkens				. MT	21229
immediate cause (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sepsis DUE TO (OR Urinary DUE TO (OR Pneumon	AS A CONSEQUENCE OF TRACT IFECT AS A CONSEQUENCE OF	ction							interval Batween Onset and Death
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a contributing to dec	ath but not reauiting	in the un	ndarlying	g cause given in		NAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DEATH (Ch	eck only one)				
EXAMINER?	HOSPITAL: 1 Dipatient 2 EF	/Outpatient 3 DOA	OTHER		e 5 🗆 Residence	8 Other (Sp	pecify)			
27. MANNER OF OEATH	28e. DATE OF INJ (Month, Day,	URY 28b. TI		28c. INJ		28d. DESCRI		NJURY OCC	UREO	
1 🔀 Natural 5 🗌 Pending 2 🔲 Accident Investigation	,, 20),		М		rES 2 NO					
	28e. PLACE OF IN- building, etc.	JURY — At home, ferm, (Specify)	, street, faci	tory, offic	•	281. LOCATIO City or To	ON (Street a own, State)	ind Number o	or Rural I	Route Number,
3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINE	CIAN: To the best of my									e) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIES	20			,	29c. LICENSE NUI	MBER		29d. OATE	SIGNED	(Month, Day, Year)
1 price	my let,	M. D (PG 4	II	n/	a		6	/2	6/90
Nuhad Kulay				ryla	nd Genee	ral Ho	spit	al	/	7
JUL 0 2 1990 Year) July	a wardson-ha	SIGNATURE		-						



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OR.	DIRE	houne
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Pa	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	CT nichin
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									90 18003
	1' - STATE OF MAI		DEPARTMI ERTIFICA			VIENTAL	HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH	ν.	3. TIME OF DEATH
	Jaras B. Roddy, Sr.					0	108	/ 0	0. 3P M
ı	4. SOCIAL SECURITY NUMBER 5. SEX 8.	AGE (In yrs. last		NDER 1 YEAR	IF UNDER 24 HRS.	7. OATE C	F BIRTH Day, Year)		BIRTHPLACE (State or Foreign Country)
	215-07-2702 № № 2 🗆 F	79	YRS. MONT	THS DAYS	HOURS MIN.		-29-11	0	Maryland
l	9s. FACILITY NAME (If not institution, give street end number)		9b.	CITY, TOWN D	R LOCATION OF DE	ATH		9c. CDUN	TY OF DEATH
5	Irvington Knolls Care	ent	er (300	Timore	-			
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. CITY, TO	WALDE LOCAT	TION				10d, INSIDE CITY
DIRECTOR				ltimor					LIMITS?
_	Maryland		Da.		i. ZIP CODE			10o. CIT/2	ZEN OF WHAT COUNTRY?
FUNERAL	4720 Dartford Avenue			1.0	21229			_	J.S.A.
	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. AR	MED.	13. WAS DEC	ENDENT OF HISPAN	NC DRIGIN	(Specify Yes		14. RACE — American Indian.
립	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR	YES 2X N	ND	If yes, sp	ecify Cuben, Mexica	n, Pusrto R			Bisck, Whits, stc. Specify:
E A	3 Wildowed 4 Divorced	ON DAILS		1 120	ZA NO Opcom	,.		l	White
ETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	18s. DE	CEDENT'S USU	AL OCCUPATION	DN ost of working	18b.	KIND DF BUS	SINESS/INO	USTRY
<u> </u>	Elementery/Secondary (0-12) College (1-4 or 5+)	lite.	ive kind of work of Do NOT use reti					_	
COMPL	8th grade		Truck	Drive					Baltimore
ᅙᆝ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
B	Thomas Roddy				Theres				
ဥ	19s. INFORMANT'S NAME (Type/Print)				and Number or Rural				
	James B. Roddy, Jr.				eek Dr.	GTE			City or Town, Stats
	1 The Burlet 2 Cremetton 3 Ramoval from State	other pla	lace)		mer Ceme	tory			re, MD
	21. SIGNATURE OF FUNITHE TOTAL STATE OF	HOS	t nory		ND ADDRESS OF FA		Dai	C IMO	110
	160 %	1			RD FUNER		-		
	Ten Smill								MD 21229
	23. PART i. Entar the diseasas, or complicatione that of ahock, or heart fallure. List only one cause			intar the mo	ode or dying, suc	n aa caro	nac or reap	iratory arr	interval Betwean
	IMMEDIATE CAUSE (Finel disease or condition	0	0-1- 1	2	Cu. D				Onset and Death
	reaulting in daeth)	DAS A CONSE	OUENCE DEV		my en	Kelm			9m
	- Corre	tim'	Hant	- Garl	luz de				ye
CERTIFICATION	D	R AS A CONSE	<i>F.</i> /						
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or Injury								
Ē	thet initiated events	R AS A CONSE	QUENCE DF):						
ER	resulting in death) LAST								
_	PART II. Other significant conditions contributing to de	eeth but not	resulting in th	ne underlyir	ng cause givan in	Part 1.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
<u>S</u>							PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
									1 YES 2 NO
~									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C	heck only or	16)		
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 inpetient 2 E	ER/Dutpatisnt		Nursing Ho	ms 5 🗆 Residence	8 🗆 Othe	r (Specify)		
Ť	27. MANNER DF DEATH 28s. DATE OF IN (Month, Day.	NJURY Year)	28b. TIME DI		JURY AT ORK?	28d. DES	CRIBE HOW	INJURY OC	CURED
BY	1 Natural 5 Pending 2 Accident Investigation	~		M 1 🗆	YES 2 ND				
	3 Suicids 6 Could not be 28s. PLACE OF building, st		ome, ferm, stree	t, factory, offi	cs		ATIDN (Street or Town, Stele		or Rural Route Number,
ETE	4 Homicida determined								
IP.	29s. CERTIFIER (Check only (Ch								
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of exa	mination and/or	r investigation, i	n my opinion,	death occurad at the	e time, date	s and place, a	nd dus to ti	ne cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			29d. OAT	E SIGNED (Month, Day, Year)
2	cores yours you	DE CENT	EM OT CO.	-41	0247	81			6/29/8
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 299 Fresleuck Pro.	1	EM 27) (Type, Pri						
	31. PATE FILED (MOTO) OF YOUR JULY 132 RIGISTRA		1 11						
	Ila - 1 to 1220 Lange hange y-1	anace							

sit permit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

30. NAME AND ADJ

WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

*	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last) CAROL ROSEN	· ·				2. DATE OF DEATH MONTH 6 24	AY 1	990	3. TIME OF DEATH 1:30 a M
8	4. SOCIAL SECURITY NUMBER 089-28-0824	1 🗌 M 2 💢 F	E (in yrs. last birthday) 56 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	1934	8. BIRTI Count	IPLACE (State or Foreign
OR	96. FACILITY NAME (If not institution, give str 6510 Glenwick Co	oet and number) Durt		9ь. ситу, тоу Balti	NOTE	EATH		NTY OF C	Lmore
DIRECTOR	100. STATE 10b. COUNTY Maryland Ba	ltimore		ry, town on Lo					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
EUNERAL	100. STREET AND NUMBER 6510 Glenwick Co	ourt	'		101. ZIP CODE 21209		-	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes	DECENDENT OF HISPA , apecify Cuben, Mexic YES 2 X NO Specific		s or No—	Blac	E — American Indian, k, White, stc. "": White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12	ATION completed) College (1-4 or 8+)	16e. DECEDENT'S (Give kind of the. Do NOT to Housewi	work done during use retired.)	ATION n most of working	16b. KIND OF BU		DUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Joseph Rosentha	1			Selma s	AME (First, Middle, Melden Strasberg			
2	190. INFORMANT'S NAME (Type/Print) Martin Rosen		65 10			Route Number City or Tow Baltimore,			9
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	other placel		om Cemete.		cation –	-	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		pello	22. NAM Het 110	e and address of Fa rew Memor O Reister	ial Funera stown Rd.,	1 Hom Pike	ne,	Inc. lle, MD
	23. PART I. Enter the diseases, or combook, or heart feilure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one ceuse on			~	ch as cerdlec or reap	piratory en	rest,	Approximate Interval Between Onset and Deeti
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	·	S A CONSEQUENCE O	, ,	eleuis				
MEDICAL	PART II. Other algnificent conditions	contributing to deeth	but not resulting	In the under	lying cause given in		RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	8. PLACE OF DEATH (C				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28e. DATE OF INJUR (Month, Day, Yea	r) IN	M 1	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OC	CUREO	
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, pecify)	, street, factory,	office	281. LOCATION (Street City or Town, State		or or Rural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	CIAN: To the best of my kn							(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	7			29c, LICENSE NU		29d. DAT	TE SIGNE	O (Month, Day, Year)

Ent to the later A 14L

FOR STATE REGISTRAR

SPADY

4. SOCIAL SECURITY NUMBER

219-12-6698

9a, FACILITY NAME (If not institution, give street and number)

1. DECEDENT'S NAME (First, Middle, Last)

SAM

5. SEX

1 M 2 - F

RECTOR	J. L. DEA	TON			C	ALT	IMORE	
EC	10a. STATE	10b. COUNTY	1		10c. CITY, TO	OWN OR LO	CATION	
D	Maryland				Ba]	Ltimo	re City	
AL	10e. STREET AND NUMBER	R					101. ZIP CODE	
ER	611 S. Cha	rles St	reet				21230	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X N		If yes,	Specify Cuban, Maxic (ES 2 X NO Speci	an, Puar
LETED	15. DE (Specify of Elementary/Secondary	CEDENT'S EDU- nly highest grade (0-12)	CATION completed) College (1-4 or 5+)	16a. DE (Gi	CEDENT'S USU ve kind of work Do NOT use rel	IAL OCCUP! done during tired.)	ATION most of working	
BE COMPLET	17. FATHER'S NAME (First, John S	oady					18. MOTHER'S N	ie S
10	Fannie Bai	_					et and Number or Rural Street	Ba.
	20e. METHOD OF DISPOSI 1 Burlet 2 Cremet 4 Donation 3 Other	ion 3 Rem	oval from State	other ple	of disposition		cemetery, crematory or etery	
	21. SIGNATURE OF FUNER			11/1	#	Lero	and address of F y O. Dyet Liberty	t &
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific	itions, ediste YING jury	b. DUE TO OR A DUE TO OR A DUE TO OR A DUE TO WAR A DUE T	AS A CONSECUTION	TLUC QUENCE OF):		y fecto	
SICIA	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	Outputient 3	[] DOM (1)	THER:	S. PLACE OF DEATH (C	
BY PHYS	27. MANNER OF DEATH	Pending Investigation	28e. DATE OF INJU (Month, Day, Ye	IRY	28b. TIME OF	F 28c.	INJURY AT WORK? YES 2 NO	28d.
ED	• 🗆 • • • • • •	Could not be determined	28e. PLACE OF INJ building, etc. (IURY — At ho (Specify)	me, farm, stree	et, factory, o	office	261. [
E COMPLET		DICAL EXAMINE	ICIAN: To the best of my k					a time, o
B	144	1/1	undo M	NN	Med	Din	NIX	6:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED AUSE OF DEATH (ITEM 27) (Type, Print)

Ja Mo

ic. MUN cie

CERTIFICATE OF DEATH

6/15.

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

DAYS

6. AGE (In yrs. lest birthday)

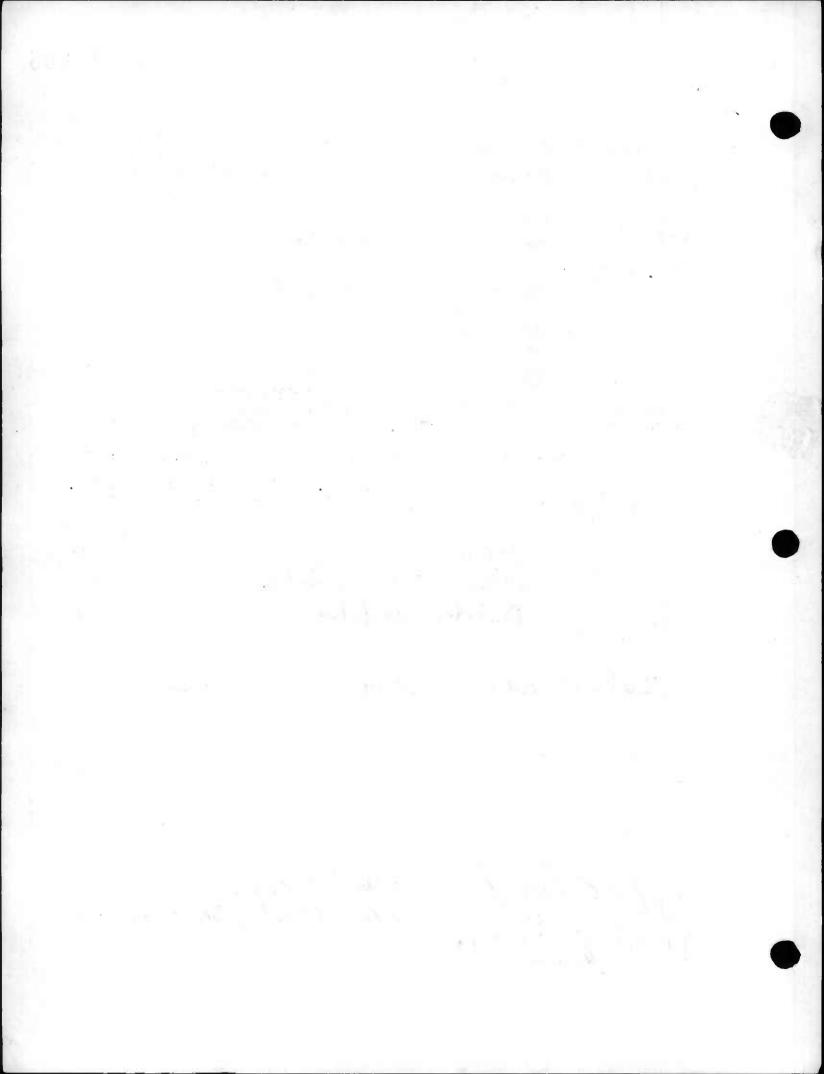
YRS

8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH LUQI YEAR 90 Am 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 9 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA IGIN? (Specify Yea or No— rto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Black 18b. KIND OF BUSINESS/INDUSTRY st. Middle, Maiden Surname) Spady lumber, City or Town, State, Zip Code) ltimore, MD 21218 20c. LOCATION — City or Town, State Baltimore, Maryland Son Funeral Home, Inc. 21207 ghts Avenue ardisc or reepiratory arrest, Approximata Interval Between Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 10 t 🗌 YES 2 🗌 NO ly one) Other (Specify) DESCRIBE HOW INJURY OCCURED LOCATION (Street and Number or Rural Route Number, City or Town, State) cause(a) end menner as stated. late and place, and due to the cause(e) and menner as stated.

21250

29d. DATE SIGNED (Month, Day, Year)

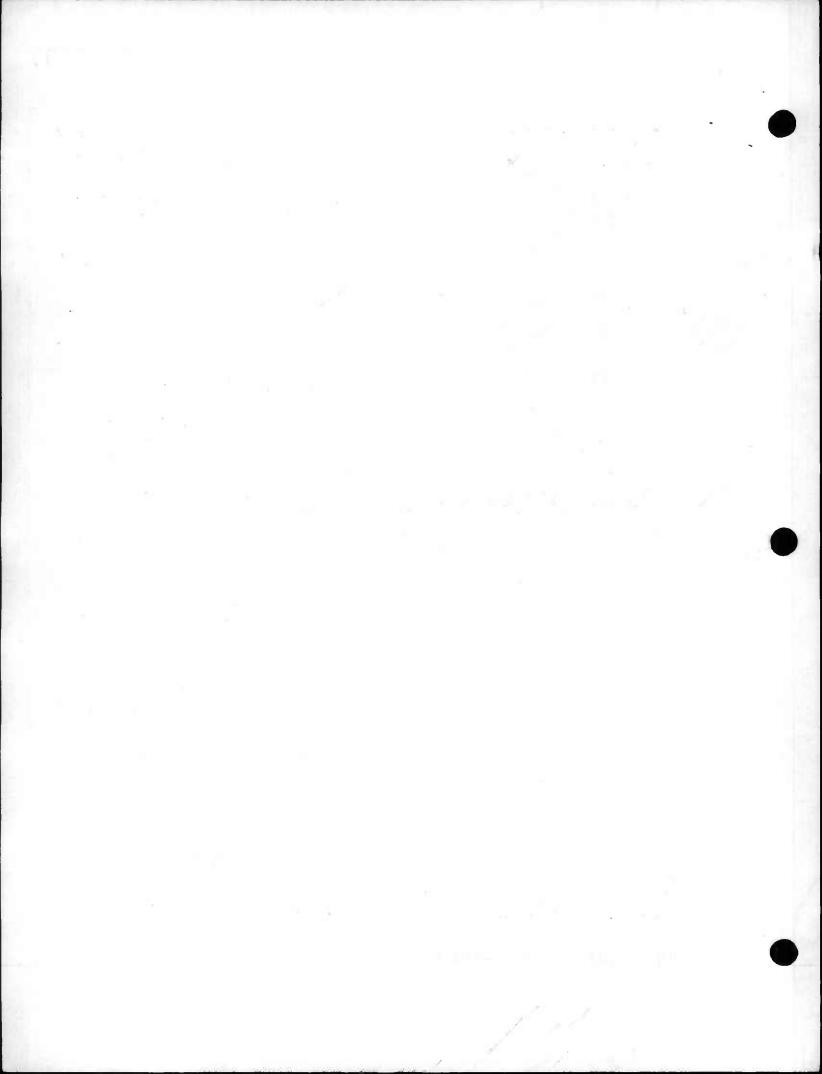


notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM CERTIFICA				HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	100				2. DATE OF MONTH		6 6	3. TIME O	F DEATH
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.1	BIRTHPLACE (Ste	ite or Foreign
	010 003 8	1 M 2 F	YRS. MON		HOURS MIN.	06/29	4 19	10	md	
DIRECTOR	9a. FACILITY NAME (If not institution, give street Level & Secretary & Secreta	leventer Ctr. 1.	logistal &	Catty, TOWN O	City City	ATH /		9c. COUNTY	OF DEATH	
REC	10a. STATE 10b. COUNTY		f0c. CITY, TO	WN OR LOCAT	ION				10d. INSK	rs?
	Balt	timore	Roo	ckdale	717 4075					2 <u>v</u> NO
FUNERAL	3414 Rolling Road			101.	21207				OF WHAT COUP	CIRY?
ON		2. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spacify Yea		RACE — Americ Black, White, et	an Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			cify Cuban, Maxica 2 X NO Specify		in, etc.)		Specify: Whi	
	15. DECEDENT'S EDUCAT	TION	6a. DECEDENT'S USU	AL OCCUPATIO	N .	18b, KI	ND OF BUS	INESS/INDUST		Le
COMPLETED	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during moi ired.)	st of working					
MP	8th Grade		Home mal	ker						
	17. FATHER'S NAME (First, Middle, Last)	C			18. MOTHER'S NA			,		
BE	August E. Liebno,	Sr.	19b. MAILING ADD	DRESS (Street a	L11.	lie Re			de)	
2	Mr. Roger Sauter				ll Road					
	20a. METHOD OF DISPOSITION 1 → Burlet 2 → Cremation 3 → Ramove	al from Stafa	PLACE OF DISPOSITIO	N (Name of cen	netery, crematory or		20c. LO	CATION — City	or Town, Stata	
	4 Donation S Other (Specify)	isee	Mount		Cemeter		Ra	andalls	stown,	MD
	117			Loring	g Byers 1	Funera				
	23. PART I. Enter the disease, or con	molications that caused	the death. Do not a		Liberty I					21133 proximete
	shook, or heart fellure. Lis			siner the mo	ue bi uying, eoc	ii ee calula	or reepi	ratory arrest	inte	rvai Between
	MMEDIATE CAUSE (Final disease or condition	METASTAT	IN PANIO	REAT	A/ AADO.	MALIM	-Δ			, o
	resulting in deeth) e.	DUE TO (OR AS A C	CONSEQUENCE OF):	SINOINI	0 0110	O HOU	8-1			
NO	Sequantielly list conditione, b.	DUE TO (OR AS A C	SONGEOUENCE OF.							
ATI	if eny, leeding to immediate ceuse. Enter UNDERLYING	DOE TO (ON AS A C	consequence or):						į	
H	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS A C	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
	PART ii. Other significant conditions	contributing to death but	t not recuiting in th	ne Underlying	cauee given in	Part i. 2	ta, WAS AN PERFOR			TOPSY FINDINGS
MEDICAL						1	☐ YES 2			ON OF CAUSE
						_			1 🗌 YES	2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	ack only one)				
SICI	EXAMINER?	HOSPITAL:	Nent 3 DOA 4	THER:	e 5 🗆 Rasidence		Snecify)			
¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ				NJURY OCCUR	ED	
84	1 Natural 5 Pending 2 Accident frivestigation			M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY - building, afc. (Specif	At home, farm, stree y)	f, factory, offic			ON (Street a Town, State)	and Number or I	Rural Route Numb	er,
COMPLET	29a. CERTIFIER CERTIFYING PHYSICI.	AN: To the best of my knowle	dge, death occurred at	the time, date	and place, and due	to the cause	(a) and mar	ner as stated.		
Ö	one) 2 MEOICAL EXAMINER:	On the basta of examination	end/or investigation, in	n my opinion, d	eath occured at the	tima, date ar	d place, an	d dua to the co	ause(a) and man	ner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	0 7/	/	7	29c, LICENSE NUI	MBER		29d, OATE SI	GNED (Month, D.	ay, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEAL	TH (ITEM 27) (Type. Prin	k)	דוע	037		6	127	170
	ESTRELITA O. KI	u mp = u	SUNTAVE		W GERI	TRIC	CENT	面色生	ther?	AL
	31. DATE FILED (Month, de Meer) 0 2 19	90° REGISTALE SOLL	Hon-Randa	D.			/		9	1215

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rector, 1		mus!
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, large a single		TANT: If item 28 is marked, or item 23 shows any inlury, or other traumatic event, the medical examiner must be notified
Dy the	removal	dical
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After	death	E ma
10R:	after	28 1
DIREC	SUND	mel
_	2 4	-
FUNERA	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	C-1	MARGARI			2. DATE O		YEAR	3. TIME OF	DEATH 15AM m
	4. SOCIAL SECURITY NUMBER 283-10-8875	1 Du 2 Mis		UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			8. BIRT Coun	HPLACE (State dry)	
TOR	9a. FACILITY NAME (If not institution, give st Stella Maris RESIDENCE OF DECEDENT	ireet and number)	96	Towso	R LOCATION OF DE	EATH	9c.	Balti		
DIRECTOR	10e. STATE OHIO	ſ		OWN OR LOCAT	OGEVILL	E		5 -	10d. INSIDE LIMITS 1 YES	7 V
FUNERAL	100. STREET AND NUMBER 6813 WIL LOU	J LANE		101	ZIP CODE	4039	10g		WHAT COUNT U.S.A	
FUK	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	II yes, sp	ENDENT OF HISPAI city Cuben, Mexics NO Specifi	n, Puerto Ri				
	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re HOMEMAKI	done during mo tired.)	ON st of working		OWN HO			
BE CON	17. FATHER'S NAME (First, Middle, Last) JOSEPH FREISEN	1				ME (First, M	ddle, Melden Surna SILBERI	me)		
TO 8	198. INFORMANT'S NAME (Type/Print) BOGNER F.H.				nd Number or Rural				ILLE,	OHIO
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		other place) CAI	JVARY	CEMETE		CLEV		Town, State D,OHI	0
	21. SIGNATURE OF FUNERAL SERVICE LIC	M. Red	in la	H.W.	JENKIN	s ANI		co.		
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST	e. Acute ii Due TO (OR AS A SCVD DUE TO (OR AS C.	ad the deeth. To not eech line. Dysthythmia A CONSEQUENCE OF): A CONSEQUENCE OF):		de of dying, euc	th ee cardi	ec or respirator	y errest,	Inter	oximate val Between at and Deeth
MEDICAL	PART II. Other significant condition	e contributing to death	but not resulting in t	the underlyin	g ceuse given in		24e. WAS AN AUTO PERFORMED 1 YES 2 1 N	?	Ib. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO IN OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 R NO	HOSPITAL: 1 Inpatient 2 ER/Ou	0 0 0	THEO.	ACE OF DEATH (Ch					
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		F 28c. IN.	URY AT ORK? YES 2 NO	7	CRIBE HOW INJUR			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, stc. (Sp	Y — At home, ferm, streecify)	et, factory, offic	•	281. LOCA City o	TION (Street and N r Town, State)	umber or Rura	Route Numbe	r,
COMPLETED	anal and	ICIAN: To the best of my kno							e(s) and menn	er as stated.
86	296. SIGNATURE AND TITLE OF CERTIFIER	"alexa	rder	0	29c, LICENSE NU	MBER 408		, DATE SIGNE	ED (Month, Day	: Ybar)
5	30. NAME AND ADDRESS OF PERSON WH Carla A. Alexai	nders 2300 D	DEATH (ITEM 27) (Type, Pr Oulaney Val	ley RD			aryland	21204	L .	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE							



mit. Pages 1, 2, 3 should

DIVISION OF THE PEOPLES, T.O. BOX 19149,	, 5000		6			מוציו ווציוו ליווים ווציווים
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp	s that the death	certificate be	executed within	24 mours after	death. Page 6 may	be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	ned by the atte	nding physiclar	and completer	filled in by th	funeral director, pa	ge 5 should be detach
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	alth and Mental	Hygiene prior	o burial, crema	tion, or remova		
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	any Injury, o	or other trau	natic event,	the medical	examiner must b	e notified at once.

	1 - FOR STATE OF I	MARYLAN	D / DEPAR				D MEN	TAL HYGIENE REG. NO.	Ē		
į	1. DECEDENT'S NAME (First, Middle, Lest)		9	-4- 1		10		ATE OF DEATH	r	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6 AGE (In v	rs. lest birthday)	# UNDER	1 VEAR	IF UNIOER 24 HR	K (ATE OF BIRTH	1	90	PLACE (State or Foreign
	705-09-6639 1 № 2 □ F	or roc (iii)	Q4 YRS.	MONTHS	DAYS	HOURS MIN	6. (1	Month, Day, Year)	295	Countr	irginia
*	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY	, TOWN O	R LOCATION OF		25, 10		NTY OF D	
OR	ST. AGNES HOSPI	TAL	294	B	AL-	imo	RE	.			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	R LOCAT	ION					tod, INSIDE CITY
后	Maryland			Balti	imor	2					LIMITS?
	10e. STREET AND NUMBER				10t	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
鱼	1225 West Mosher Street					1217				S. A	
BY F	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDER FORCES? IF YES, GIVE World W	YES :	2 NO		If yes, spe	ENDENT OF HIS solfy Cuban, Ma 2 NO Sp	xican, Pu	RIGIN? (Specify Yea arto Rican, atc.)	or No—	14. RACE Black Speci	E— American Indien, t, White, etc. fy: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	10	Give kind of life. Do NOT u	work done (se retired.)	CCUPATIO	N st of working		16b. KIND OF BUS			
MP			Railro	aa						oad	
	17. FATHER'S NAME (First, Middle, Last) Carey Stith					Eller		irst, Middle, Maiden S l 1 en	ourname)		
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	S (Street a			Number, City or Town	n, State, Zij	p Code)	
2	Lue Stith		1225	West	Mos	her Str	reet	Balti	more	, Mai	ryland 21217
	208 METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗔 Removal from State	ot	LACE OF DISPO							City or To	
	4 □ Donation 5 □ Other (Specify) 2t. SIGNATURE OF FUNERAL SERVICE LICENSEE	_ Gar	rison			eteran ID ADDRESS OF					lls, Marylan l Homes, INC
	I Sum R Boul	4		2.5	501	Gwynns	Fal:	Ls Pkwy.		nera.	I Homes, INC
	23. PART i. Enter the diseases, or complications the shock, or heart failure. List only one call iMMEDIATE CAUSE (Final disease or condition reaulting in death)	use on aacl			tha mo	oa or oying,	auch sa	cardiac or respi	ratory ar	Test,	Approximate interval Between Onset and Death
CERTIFICATION	ri any, leading to immediata cause. Entar UNDERLYING		ONSEQUENCE C								
MEDICAL	PART II. Other significant conditions contributing to		not resulting	in the ur	nderlyin	g cause giver	in Part	I. 24s. WAS AN PERFOR	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH	Check o	nly one)			
SIC	EXAMINER? 1 ☐ YES 2 NO t School t Sch	☐ ER/Outpati	ent 3 🗆 DOA	OTHE		e 5 🗆 Resider	nce S 🗆	Other (Specify)			
	27. MANNER OF DEATH 28s. DATE O (Month,	F INJURY Day, Year)	28b. TII	WE OF	28c. INJ WC	URY AT	28d	. DEȘCRIBE HOW II	NJURY OC	CURED	
ВУ	1 DNatural 5 Pending 2 Accident Investigation			М	1 🗆	YES 2 NO	_				
	3 Suicide S Could not be building 4 Homicide determined	OF INJURY — 3, atc. (Specify,	At home, farm,	street, fec	tory, offic	•	_2st.	City or Town, State)	ind Numbe	er or Rural :	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of										a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE	NUMBER		29d. DA	TE SIGNED	(Month, Day, Year)
0 B	BAShah MD) (2	6190
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA ST. Agnes Hosp 900	ATON	AVE	- (BAL	TIMO	RE	MD	-2	122	7
	31. DATE FILED (A) (100) (100) 1990 32.	PRINCIPAL STREET	aug of								

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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							20 10003
	1 - STATE OF MARY REGISTRAR		TMENT OF H		ENTAL HYGIEN REG. NO	E	<u> </u>
,	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DON'TH DO		3. TIME OF OEATH
	MICHAEL Francis	TRESS				,1990	М
	215-09-3356 ¹¬x ⋅ 2 □ F	E (In yrs. last birthday) 83 YRS.	MONTHS DAYS	HOURS MIN.	Sopt / Dec.6, 1906		BIRTHPLACE (State or Foreign Country) Poland
œ	9e. FACILITY NAME (If not institution, give street and number)			R LOCATION OF OEAT		9c. COUNTY	OF DEATH
Ē	3716 Echodale Ave.		BAIti	more City			
E I	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland -		Baltimo	re City		10g. CITIZEN	1 X YES 2 ND OF WHAT COUNTRY?
ER	3716 Echodale Ave.			21206		l us	A
5	11. MARITAL STATUS 12. WAS DECEDENT EVER			ENDENT OF HISPANIC			RACE — American Indien, Black, White, etc.
BY F	1 Never Merried 2 X Married FDRCES? 1 YE 3 Widowed 4 Divorced FYES, GIVE WAR OR			2 NO Specify:	Puerto Hican, etc.)		Specify:
						1	White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S (Give kind of w life. Do NOT us	rork done during mo		16b. KIND DF BU	SINESS/INDUS	TRY
1	Elementary/Secondery (0-12) College (1-4 or 5 +)		2.00				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Longshore	aliali	18 MOTHER'S NAME	(First, Middle, Malden	Sumame)	
	Bartholomew Tress			Anna	(, , , , , , , , , , , , , , , , , , ,	_	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Street a	nd Number or Rural Ro	ute Number, City or Tow	n, State, Zip Co	de)
임	Martha W. Tress	3716 E	chodale A	venue Baltir	nore, Md. 2	1206	
ŀ	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremellon 3 ☐ Removal from State	20b. PLACE DF DISPOS other place)	SITION (Name of cer	netery, crematory or	20c. LC	CATION - CITY	or Town, Siste
	4 Donetion 5 Other (Specify)	Gardens of				cimore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	bladden		ID ADDRESS DF FACI	Balti	more,M	ld. 21214
15/85	▶ James F. Gladden James J. A	Hadken	Leon	ard J. Ru		-	Harford Rd.
			DISE	24107408191	as cardiac or resp	iratory arreal	Approximata interval Batween Onset and Daath
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEDUENCE OF					
	PART ii. Other significant conditions contributing to death	but not reaulting	in the underlyin	g cause given in P	art i. 24s. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL			-		1 YES		COMPLETION OF CAUSE DF DEATH?
					_		1 TES 2 NO
ż							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	ACE OF OEATH (Chec	k only one)		
ΥS	1 YES 2 ND 1 Inpetient 2 ER/O			e 5 Reeldence 8			
	27. MANNER OF DEATH 28e. DATE OF INJUR (Month, Day, Yea	RY 28b. TIM	URY WO	PRK?	28d. DEŞCRIBE HOW	INJURY OCCUP	4ED
B√	2 Accident Investigation	JRY At home, farm,			26f. LOCATION (Street	and Number or	Rural Boute Number
	3 Suicide s Could not be building, etc. (S				City or Town, State		,
	29e. CERTIFIER						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of examins						
	290. SIGNATURE AND TITLE DF CERTIFIES			29c, LICENSE NUME			IGPED (Month, Day, Year)
띪	Wam Alas	1		A) L	2	A.	120 100 /
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	Udd		(0	104140/
				m Md			5
	31. DATE FILED (MONTH, Day, Year) 1990 32 REALSTRATS &	Park Ave	Dallani	T. PH.			
		MOTO MUTICIONE	•				

BALTIMORE, MARYLA

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분	土	Peg	NO.
10 IME HUSPITAL DR ALLENDING PHISIOIAN, THE IAM REQUISES DIST DESIGNED OF SECURED WINNING 24 HOURS GIVEN USBELL DE SECURIOR OF THE SECURIOR OF	2	be 1	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deader.		

)	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) Nathaniel E Watts 2. DATE OF DEATH MONTH DAY 06 28 1990 10:57 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 55 YRS. 6. AGE (In yrs. last birthday) 1 Months DAYS Hours Min. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) Maryland
OR	North Arundel Hospital, 301 Hospital Drive So. city, town on Location of Death Glen Burnie Sc. county of Death Anne Arundel
5	RESIDENCE OF DECEDENT
DIRE	Maryland Anne Arundel Pasadena 1 □ VES 2 🛣 NO
ERAL	8554 Bay Road 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21122 U.S.A.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-lif yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUBINESS/INDUSTRY
₹	7th grade Truck Driver Esskay
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	Phillip H. Watts, Jr. Lillian Mae Spencer
2	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
7	Ellen Watts 8554 Bay Rd. Pasadena, MD 21122
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piece) 20c. LOCATION — City or Town, State other piece)
	4 Donation 5 Other (Specify) Loudon Park Cemetery Baltimore, MD 21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 21229
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	ahock, or heart feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): Why periton 1, interval Between Onset and Death Onset and Death
z	
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate
2	CAUSE (Dissess or Injury CAUSE (Dissess or Injury DUE TO (OR AS A CONSEQUENCE OF):
	that initiated events resulting in death) LAST
CE	4
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. SIP RESULT TO RESULT TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 248. WAS AN AUTOPSY PINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
C	EXAMINER? MOSPITAL OTHER
448	1 VES 2 A NO 1 Competient 2 PR/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 A Other (Specify) With Annual HUSP. 27. MANNER OF DEATH 286. DATE OF INJURY 266. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED
4	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO
В	2 Accident Investigation 2 Stilledge 28. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number,
COMPLETED	3 Suicide 8 Could not be building, atc. (Specify) City or Town, State)
E	29a. CERTIFIER (Chartening 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
MP	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
8	
BE	296. AIGNATURE (ND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
-	
	Sang K. Han, M.D., 1600 Crain Highway, SW, #406, Glen Burnie, Maryland, 21061
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Page	al dire		ner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wours after death. Page 6 may be retained by the hi	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	ĺ,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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OR A)IREC	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	E
TAL (AL C	22	1
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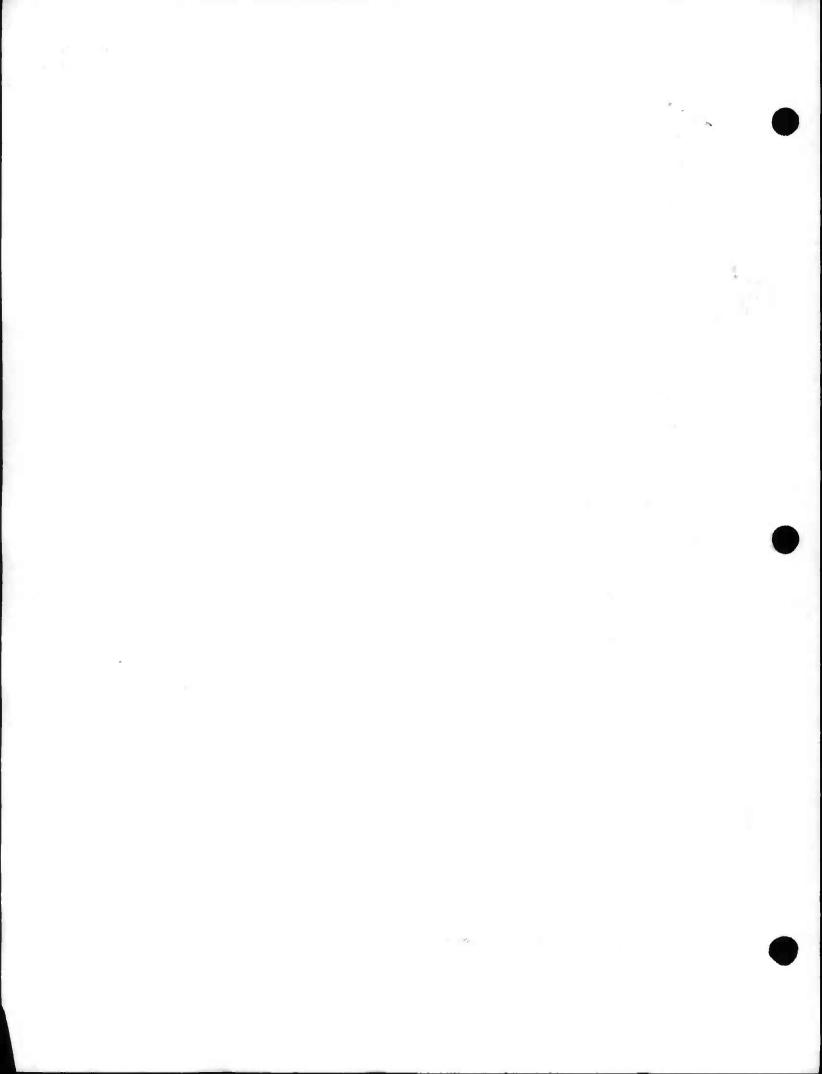
*	FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAND /		RTMENT				ΛEN'	TAL HYGIENI REG. NO.	E		
	1. DECEOENT'S NAME (First, M									2. D/	ATE OF DEATH	v	YEAR	3. TIME OF DEATH
	K	KEITH	K. WI	HITING						MIC	6-30-	90	TEAR	12:30 A. M
	4. SOCIAL SECURITY NUMBER	3	5. SEX			1 YEAR DAYS	IF UNDER	24 HRS.	7. DA	ATE OF BIRTH lonth, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign	
	059-14-552		1 🗆 M 2 💢 F	75	YRS.	MONTHS	LIATS	HOURS	wire.	_1	0-9-16			ÄNSAS
DIRECTOR	UNION MEN	10RIA		ITAL				IMO			Ϋ́	9c. COU	NTY OF D	EATH
5	AESIDENCE OF DECE	OENT			10c. C/T	ry, town o	R LOCAT	ION						10d. INSIDE CITY
E	MD.		TIMORE	CO.				NDO	V					LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER							. ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	3940 BUTLE	ER RO	AD					21	071			U.	S.A	۸.
Ž	11. MARITAL STATUS	T	12. WAS DECEDEN	IT EVER IN U.S. AR	MEO						IGIN? (Specify Yea	or No-	14. RAC	E — American Indian,
E	1 Never Married _2 M		FORCES? 1	YES 2X N	10			ecify Cuba 2 X NO	n, Maxica Specify		rto Rican, alc.)		Spec	k, White, etc.
BY	3 Widowed 4 Divorce	ed						21					WE	ITE
	15. DECED (Specify only h	DENT'S EOUC		(Gi	ve kind of	work done of	CCUPATIO	ON ast of working	ng		18b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12	2)	College (1-4 or 5	+)		se retired.) SEWI	TT				OUN	HON	ΛF	
COMPLETED		W = 1 = 1	4		поо	SEWI	r E						115	
BE CO		√. K	EESEE						ARAF	,	KEY	Sumame)		
5	BEVERLEY W.		G (DAU								Number, City or Town 21212	n, State, Zij	D Code)	
	20a. METHOD OF DISPOSITION 1 Durial 2X Cremation 4 Donation 5 Other (S	3 Ramo	oval from State	20b. PLACE GREE						7		CATION — TIM(
	21. SIGNATURE OF FUNERAL	-				22.	NAME A	ND ADDRE	SS OF FA	CILITY	KINS &	CO	1.0	
	> P. A.	Rui	U.				HEN 490	K Y 5 Y	DRK	RD	BALTO	.MD	212	12
	23. PART I. Enter the dis- ahock, or has IMMEDIATE CAUSE (Final disease or condition reculting in deeth)	art fallure. I	List only one car	at caused the deuse on each line	i.	n	the mo	Deed	ing, euc	h es	csrdiac or respi	retory ar	rest,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequantielly list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	late IG	DUE TO	O (OR AS A CONSE	DUENCE C	OF):	mi	to	sho					3 man 14
AL C	PART II. Other significant	t condition	s contributing to	death but not i	reaulting	in tha ur	darivin	d cause	given in	Part	i. 24s. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDIC										_	PERFOF			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF I	DEATH (Ch	eck on	nly one)			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHE!		na 5 🗆 B	aaldance	8 🗆	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 P		28a. DATE O		28b. TI	_	28c. IN	JURY AT ORK? YES 2		,	DESCRIBE HOW I	NJURY O	CUREO	
ED BY	3 Suicide 8 C	could not be etermined	28e. PLACE building	OF INJURY — At he i, atc. (Specify)	ome, ferm,	, atreet, fac	tory, offic	ca		281.	LOCATION (Street : City or Town, State)	and Numbe	or or Rural	Route Number,
COMPLETED	one)	0.00		of my knowledge, de										(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE	or CERTIFIES	Wil	Esen				29c. LIC	ENSE NU	MBER	7	29d. OA		3 0 - 9 0
5	DR . F . HUNTE						COI	RT	RAT 7	r C	MD 212	10		

a Naindson-Mandel

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IG PI	ter th
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be man	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 of the companient of the funeral director, page 5 of the companient of the compa
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		1 - STATE STATE OF MARY			OF HEALTH AND	MENTAL HYGIEN		
	1	1, DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DATE OF STATE	AY YEAR	3. TIME OF DEATH
			E (In yrs. last birth	MONTHS	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
		214-74-6133 1 M 2 F	97 YI	RS.	OWN OR LOCATION OF D	0 17 227	9c. COUNTY OF	
	E CH	St. Agnes Hospital			itmore		Balit	
740	DIRECTOR	10a. STATE 10b. COUNTY		. CITY, TOWN OR				10d. INSIDE CITY LIMITS?
- 18	6	Maryland Baltimore		Baltimo				TY YES 2 NO
	E E	3645 Coolidge Avenue			101. ZIP CODE 21229		10g. CITIZEN OF	WHAT COUNTRY?
	DATE HOLD	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE FORCES? 1 YE FORCES?	S 2X NO	M.			or No — 14. RA Bin	CE — American Indian, lick, Whita, etc. White
	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kir.	ENT'S USUAL OCC nd of work done du VOT use retired.)	UPATION ing most of working	16b. KIND OF BU	SINESS/INDUSTRY	, WILL CO
nce.	OMP	0-5 17. FATHER'S NAME (First, Middle, Lest)	hou	sewife	18. MOTHER'S N	OWY AME (First, Middle, Maiden	home Surname)	
	BE C	William H. Mills				ah E. Millh		
notifie	2	19a. INFORMANT'S NAME (Type/Print) Edward B. Wingfield				Balitmore,		06
8			20b. PLACE OF D	ISPOSITION (Nam	of cemetery, crematory or	20c. LO	CATION City or	Town, Stata
E		4 Donation 5 Other (Specify)	Loudon	Park C				, Maryland
si examiner must		Julia (-	0)	K. 1	328 Sulphw	eral Home, Spring Ro	oad 2122	7
medical		ehock, or heart failure. List only one cause or		Do not antar t	ne moda of dyling, au-	ch aa cardiac or resp	Iratory arrest,	Approximata Interval Between Onset and Death
matic event, the medical	-	disease or condition resulting in death) a. 3RONO:	O PNEUM	ONA				1 WEEK
traumatic ev	NOL	Sequentially list conditions, If any, leading to immediate	OMA- S A CONSEQUEN	ICE OF):	REAST			
or other trau	RTIFICATION	triat irribated events	S A CONSEQUEN	OF C	OLON			11 YEAR
	CER		NTIA					-
- A	MEDICAL	PART II. Other significant conditions contributing to death	n but not resul	iting in the und	erlying cause given in	Part I. 24s. WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
6/8						_		1 123 2 10
Hem 23 shows ar	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER	26. PLACE OF OEATH (C			
0	PHY	1 YES 2 NO 1 Inpetient 2 ER/C 27. MANNER OF OEATH 28e. DATE OF INJUI (Month, Day, Yee	RY 28		ng Home 5 Residence 8c. INJURY AT WORK? 1 YES 2 NO	8 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUREO	
28 ls	TED BY	2 Accident Investigation 3 Suicide a Could not be detarmined 26s. PLACE OF INJI building, stc. (3)	JRY — At home, (Specify)	farm, street, facto	y, offica	261. LOCATION (Street City or Town, State		al Route Number,
	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kr one) 2 MEDICAL EXAMINER: On the basis of axamine						e(s) and menner as stated.
IMPORTA	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Wearle Affinalent			29c. LICENSE N	JMBER		ED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)				
		31. DATE FILED (Month, Day, Year) JUL 0 2, 1990 Julia Pavidson A	GNATURE					



permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21 after death. Page 6 may be retained by the hospital THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dest. of Health and Mental Humbers of the state of P.O. BOX 13146, DIVISION OF VITAL RECORDS,

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31. DATE FILED (Month, Day, Year)

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TTEM 27) (Type, Print)

32. REGISTIANS SIGNATURE

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should be	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ntified at
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR Adams 7:05 1900 8. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) MONTHS DAYS HOURS 217 30 3577 1 M 2X F 90 YRS. **FEBRUARY** 24 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MEDICAL CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 10b. COUNTY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1116 WOODYEAR STREET 21217 U. S. OF A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. 2 NO 1 Never Married 2 Married FORCES? 1 YES 2 1 TES ZY NO Specify: Specify: BY 3 Wildowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) N/A DOMESTIC WORKER PRIVATE FAMILY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SOLOMON BAKER UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. PATRICIA SAVAGE NORTHERN PARKWAY BALTIMORE. MARYLAND 21212 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION - City or Town, State 1 N Buriel 2 Cremation 4 Donation 5 Other (Specify) Burial 2 Cremation 3 Removal from State ARBUTUS MEMORIAL PARK 7/6/90 BALTIMORE, MD. BALTO CO 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
LEWIS T. GWYNN FUNERAL HOME 21215-6393 ey 4517 PARK HEIGHTS AVENUE BALTIMORE, MARYLAND 23. PART I. Enter the dieeeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between **Onset end Death** IMMEDIATE CAUSE (Finel disease or condition u MORRIY reaulting in death) TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, If any, leeding to immediate SAL cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente reaulting in deeth) LAST PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? KO 1 - YES 2 NO 1 - YES 2 NO 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 - YES 2 (NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, Cify or Town, State) 3 Sulcide 8 Could not be determined ED 4 Homicide COMPLET IMPORTANT: If Item 29a CERTIFIER 1 IX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated (Check only one) 2 MEDICAL EXAMINER: On the investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

lending physician. as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARY DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT RTIFICATE	OF HEALTH AND I	MENTAL HYGIENE REG. NO.		70014
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	YEAR	3. TIME OF DEATH 10:51PMm
	Leroy 4, SOCIAL SECURITY NUMBER 5. S		1ston	1 YEAR IF UNDER 24 HRS.	6-28-90 7. DATE OF BIRTH	6. BIF	THPLACE (State or Foreign
	216-42-7168	(M2 DF 46	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 4-22-L	14 1	T'ic
<u>س</u>	99. FACILITY NAME (If not institution, give street at 602 N. Bouldin Stre			, town or location of DE Baltimore Ci		9c. COUNTY OF	FDEATH
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TOWN C	DR LOCATION			10d. INSIDE CITY
DIRECTOR	md.		BA	170.			YES 2 NO
FUNERAL	602 Bouldlin	15+		101. ZIP CODE	205	10g. CITIZEN O	F WHAT COUNTRY?
BY FUN	1 Nount Married 2 Married	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	0	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 YES 2 Specify	n, Puerto Rican, etc.)	or No— 14. R/Bi	ACE — American Indian, lack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Col	leted) (Gh	CEDENT'S USUAL Or kind of work done of NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUS	INESS/INDUSTRY	, , , ,
BE COM	17. FATHER'S NAME (First, Middle, Last) Al	ston		16. MOTHER'S NA	ME (First, Middle) Maiden	Sumame)	m
10	190. INFORMANT'S NAME (Type/Print) DONOTAY A	Iston 196	MAILING ADDRESS	Bay uldle	Poute Jumber, City or Town	n, State, Zip Code)	md
	20a. METHOD OF DISPOSITION 1 Douriel 2 Cremetion 3 Removal 1 4 Donalion 5 Other (Specify)	from State 20b. PLACE C	OF DISPOSITION (No.	ame of cametery, crematory or	20c. LO	CATION — City of	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	ie.	22.	NAME AND ADDRESS OF FA	CILITY	,	
	· BATTE FU	nena Ho.	me	1129 N.	CARO	Mine	5
	IMMEDIATE CAUSE (Final	only one cause on each lina.		the mode of dying, euc	h es cardiec or reepi	ratory errest,	Approximate Interval Batwean Onset and Dasth
	resulting in death) s	Narcotic intox DUE TO (OR AS A CONSEC					
ATION	Sequantisily list conditions, if eny, leeding to immadieta cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):		7		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
빙	u						
EDICAL	PART II. Other significant conditions co	ntributing to deeth but not r	eaulting in the u	nderlying cause given in	Part I. 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 \(\) NO
<u>×</u>					_		YWWes 5 HO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)		
Sic		OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home MXResidence	6 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Applicant Investigation	26e. DATE OF INJURY (Month, Day, Year) 6-28-90	26b. TIME OF INJURY M	20c. INJURY AT WORK? 1 YES Y NO	28d. DESCRIBE HOW I	NJURY OCCURE	
TED BY	2 Accident investigation 3 Suicide Could not be determined	26e. PLACE OF INJURY — Al ho building, etc. (Specify)	me, ferm, atreat, fee		26f. LOCATION (Street of City or Fown, State)		rai Route Number, t.,Baltimore,I
COMPLETED	CONSTRUCTION -	: To the best of my knowledge, de	ath occurred at the	time, date and piece, and due	to the cause(e) and man	nner ee stated.	
Ö	A MEDICAL EXAMINER: OF	n the basis of examination end/or	Investigation, in my				
O BE (25. SIGNATURE AND TITLE OF CERTIFICATION	lle de m	0	29¢. LICENSE NU OCME	MBER		NED (Month, Day, Year) 6-29-90
	AN MAME AND ADDRESS OF REDSON WHO CO	MPLETEO CAUSE OF DEATH (ITE	asform or Ditest				

NAME AND ADDRESS OF PERSON WHO COMPLETED CAU'E OF DEATH (ITEM/27) (Typo, Print)

Mario F. Golle, Jr., MD 111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89

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page 5 g

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ALFORD 1ZER 7.25 a 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 1 M 2 D F MONTHS DAYS HOURS RD 96 GITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 10d. INSIDE CITY CITY, TOWN OR LOCATION mo Re 1 YES 2 NO CITIZEN OF WNAT COUNTRY? 10f. ZIP CODE 12. WAS DECEDENT EVER IN U.S. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Caban, Maxican, Puarto Rican, atc.)
 I YES 2 NO Specify: RACE — American Indian, Black, Whita, atc. FORCES? 1 YES 2 1 Never Marriad Marriad 2 14 IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced G 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) ORO US W BE netilled 1994 INFORMANT'S NAME (Type/Pri 2 - (20e. METHOD OF DISPOSITION e PLACE OF DISPOSITION must ☐ Cremation 3 ☐ R 4 Donation 5 Other (Specify) examiner E OF FUNERAL SERVICE LIDENSEE 0 medical 23. BART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximats Interval Between **Onset and Death IMMEDIATE CAUSE (Final** the HUDREXIA CACITEXIA disssse or condition resulting in dasth) event. DUE TO (OR AS A CONSEQUENCE OF): ROPULTO GEMC traumatic CERTIFICATION Sequantisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, isading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST 10 Injury. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? any 1 TYES 2 NO Shows a 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Noma 5 Residence 6 Other (Specify) 50 26a. DATE OF INJURY 27. MANNER OF DEATN 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF marked. 1 Natural м 1 YES 2 NO ΒY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 49 COMPLETED 8 Could not be 4 Homicide 28 Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. -MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c LICENSE NUMBER

29d. OATE SIGNEO (Month, Day, Year)

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

wo

31. DATE FILEO (Month, Day,

29b. SIGNATURE AND TITLE OF CERTIFIER

REGISTRAR'S SIGNATUR who Savidson Randall

DHMN-16 Ray 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 2406.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN		398+
	1. DECEDENT'S NAME (First, Middle, Last)	ANGIL Samue	el Velar	a Angi	l Sn.	2. DATE OF DEATH DO	AY 90 YE	AR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 10 12 2	6. E	BIRTHPLACE (State or Foreign Country) Mds
стов	99. FACILITY NAME (If not institution, give stress Bon Secout Ho RESIDENCE OF DECEDENT	Sapital spital	96.		r location of de Limore (i		9c. COUNTY	OF DEATH
DIREC	10s. STATE 10b. COUNTY			Baltimo				10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAL	816 South Dean	Street		101	ZIP CODE 21224	L	109. CITIZEN	• A•
BY FUN	11. MARITAL STATUS 1 Never Merried 2 🔀 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	ARMED NO	It yee, spe		NIC ORIGIN? (Specify Yes in, Pusito Rican, stc.)		RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed)	DECEDENT'S USU (Give kind of work life. Do NOT use ret Bartend	done during mo- tired.)		166. KIND OF BU		RY
E COMPL	17. FATHER'S NAME (First, Middle, Last) John Angil	<u>'</u>				ME (First, Middle, Meiden Keany Route Number, City or Tow		
TO B	198, INFORMANT'S NAME (Typo/Print) Mary G. Angil		816 S.	Dean	St. Balt	50 MH 213	2/4	
	20s, METHOD OF DISPOSITION 1 M Burlsi 2 Cremation 3 Remo 4 Donstion 5 Other (Specify)	val from State 20b, PLAC	plece) Hear	t of J	esus (em	otonii Du	endalk,	or Town, Stats
	21. SIGNATURE OF FUNERAL SERVICE LICE	D. Jule		(harl	es S. Ze	iler & Son	Inc.	901 S. Conkling St.
	23. PART I. Enter the diseases, or conshock, pr heart failure. UMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth)	lst only one cause on each I	lna.	enter the mo	de of dylng, suc	h es cerdiac or resp	iratory arrest	Approximate Interval Batween
N	Sequentially list conditions,	DUE TO (OR AS A CON!	SEQUENCE OF):	an ley	ol ree	n Am	ty plane	**
RTIFICATIO	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated evente resulting in deeth) LAST	DUE TO (OR AS A CONS	erial	Jul 22	e fa			
AL CE	PART II. Other eignificant conditions	-	ot recuiting in the	he underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
N: MEDIC						_		1 TES 2 NO
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient		THER:	ACE OF DEATH (C)	6 Other (Specify)		
ву РНУ	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE HOW		
	3 Suicide 6 Could not be 4 Homicids determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	et, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	(Ontoon only	CIAN: To the best of my knowledge, R: On the basis of examination and						suse(s) and menner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	undy hm.			29c. LICENSE NU			GNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	int)				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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			4. SOCIAL
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houk			9e. FACILIT
3		DR.	
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should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		BY FUNERAL DIRECTOR	Mar
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Shou	1	0	19a. INFOR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIF	ICATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)		Ruth O.	Arch		2. DATE OF DEATH	AY Y	3. TIME OF DEATH
RUTH	ARCH				MONTH D	9 - 9	0 1.35 PM
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month. Day, Year)	8.	BIRTHPLACE (State or Country)
073 22 9903	1 🗆 M 2 🔀 F	Q) YAS.	MONTHS DAYS	HOURS MIN.	4-19-18	99 B:	rittish, Indies
9e. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	7	Y OF DEATH
Harbor Hospita	al Center	-	Balt	imore	City	==	
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Maryland Anne	e Arundel		Pasaden	a.			1 TES 2 NO
10e. STREET AND NUMBER		·	10	of. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
1611 Colony H				21122			.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	If yes, s		IIC ORIGIN? (Specify Ye n, Puerto Rican, etc.) /:	n or No— 14	I. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS	White
(Specify only highest grade of Elementery/Secondary (0-12)	Completed) College (1-4 or 5+)		work done during in		100 1110 07 00		
12th Grade	Conega (1-4 or 5+)	Hous	ewife		Home	Maker	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
Joseph Boo	lden			(unknown)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or Tox	rn, State, Zip Co	ode)
Virginia Braun		1611	Colony 1	Road Pas	adena, Maj	ryland	21122
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo		b. PLACE OF DISPOS other place)	SITION (Name of co	emetery, crematory or	20c. LC	CATION — CIF	y or Town, State
4 - Oonation 5 - Other (Specify)		Meadowr		morial Pa		ltimor	e, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE		22. NAME / Geo:	ND ADDRESS OF FA	our once Funera	al Home	e P.A.
Konna N	1 3 rame	wush			Hwy. Bal		
23. PART I. Entar tha diaeases, or contained and the second shock, or heart fallure.	moreations that cause	d the death. Do	not anter the m	oda of dying, suc	h as cardiac or reap	iratory arrea	it, Approximate interval Batween
IMMEDIATE CAUSE (Final	A	iacii mia.					Onset and Daath
disease or condition						4	Oliout and Dauth
	Adbiral	Ton Com	181	man in com	le ad p	in I	si January
resulting In death)	DUE TO (OR AS	A CONSEQUENCE O	Pi PI	majarna	lead in	n t	Silver and Saari
resulting in death)	Acuti 9	Carlist	Monda	my gray	lead in	n t	a l
Sequantially list conditions, if any, leading to immediate	Acuti 9	A CONSEQUENCE O	Monda	magney -:	arrol	7	st l
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	Acutio (OR AS.	Carlist	arr	my of may	errol	4	st l
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Acutio (OR AS.	A CONSEQUENCE O	arr	hyphonini	arra		st l
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	nen arr	hypman hypmin	leadr arrol	4	st and batter
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	P: Arr	hylhmin hylhmin ng cause given in	Part I. 24s. WAS AI PERFO	A AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO
Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS	A CONSEQUENCE OF	nen arr	hyphmissi hyphmissi mg cause given in	Part I. 24a. WAS AT PERFO	RMED?	24b. WERE AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	P: Arr	-	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DO CAUSE
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART H. Other significant conditions Constitution	DUE TO (OR AS	A CONSEQUENCE OF	h: Arr	Ĩa'	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions CONSTRUCTOR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DU	A CONSEQUENCE OF A CONS	in the undarity of the undarit	PLACE OF DEATH (CA	PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART H. Other significant conditions 25. WAS CASE REFEREND TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS	A CONSEQUENCE OF A CONS	F: E Iii the undarlyi CMCN 28. I OTHER: IURY M 1	PLACE OF DEATH (Ch. Time 5 Residence JURY AT ORK? YES 2 NO	PERFO 1 YES	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 2 Accident Suicide Could not be determined Part Suicide Part Suicide	DUE TO (OR AS DU	A CONSEQUENCE OF A CONS	ile the underlying the limit the underlying the limit the underlying the limit the underlying the limit th	PLACE OF DEATH (Ch. Time 5 Residence JURY AT ORK? YES 2 NO	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO CDMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DE TO)))))))))))))))	A CONSEQUENCE OF A CONS	in the undarity of the control of th	PLACE OF DEATH (Ch. mm 5	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO CDMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS DU	A CONSEQUENCE OF A CONS	in the undarity of the control of th	PLACE OF DEATH (Ch. mm 5	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end man time, date and place, a	INJURY OCCU and Number or)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART H. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Impelient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF MAJER (Month, Day, Year)	A CONSEQUENCE OF A CONS	In the underlying the	PLACE OF DEATH (Ch. Time 5 Residence NURRY AT ORK? YES 2 NO Idea No	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end man time, date and place, a	INJURY OCCU and Number or inner as stated and due to the	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO RED RUTAL Route Number, I. cause(a) and manner as stated.

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retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 Page 6 may be after death.

use as the burial-trans

for

filled in by the funeral director, page 5 should be detached

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cremation,

nding physician and completely Hygiene prior to burial, crematil

has been signed by the attending physician Dept. of Health and Mental Hygiene prior to

State this certificate

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After the

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FUNERAL D HOSPITAL

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executed within BOX 13146, P.0. law requires that the death RECORDS. DIVISION OF VITAL OR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR CERTIFICATE OF DEATH 3. TIME OF DEATH 2: 50 am 2. DATE OF DEATH 2:50 RONNIE ADAMS \mathbb{M}_{\bullet} 0 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 29 214-88-9788 % M 2 □ F YRS. 10-04-60 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City Francis Scott Key Med. Center none RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore City Maryland VES 2 NO none 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21218 United States 2031 E. 31st. Street NO 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: FORCES? (X YES 2)
IF YES, GIVE WAR OR DATES 2 NO 1 Never Merried 2 Married Specify: В 3 Widowed 4 Divorced U .S. Army Reserve Negroid ETED 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INOUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5+) COMPL Laborer Janitorial 11th grade none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Adams Mazette Morton Ħ notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 31st. Street, Balto, Md. 21218 Mazette Adams pe 20e. METHOD OF DISPOSITION

1 | XBurlel 2 | Cremetion 3 | Removal from State
4 | Donetion 5 | Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Baltimore. Baltimore Cemetery Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY examiner Calvin B. Scruggs Funeral Home 412 E. Preston St. Balto, Md. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata Interval Between Onset end Death METABOLIC ACIDOSIS IMMEDIATE CAUSE (Final the diseese or condition metabolic Acidonis (1 week) resulting in death) DUE TO (OR AS A CONSEQUENCE OF):
Acute Renal Failure/and lwk traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):
Pneumonia If any, lesding to immediate 2-3d ceuse. Enter UNDERLYING CAUSE (Disease or Injury 2-34. other t OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 PART II. Other aignificant conditions contributing to dasth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 | YES 2 | money OF DEATH? (Acquired Immune Deficency Syndrone 23 shows X 1 TYES 2 TO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) item HOSPUTAL: OTHER 1 YES 2 NO ient 2 - ER/Outpetient 3 - DOA me 5 Residence 8 Other (Specify) 4 - Nursing Ho ö 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO marked, Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .99 8 Could not be COMPLETED 4 Homicide IMPORTANT: If Item 28 datermined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 0 0 2 30. HAME AND ADDRESS ON PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO has Hopking Hospital/ Francis/Scott Key Hosp. Balto, Md DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 9 2.

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician and completely filled in by the tuneral director, page 5 should be described for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neutrined at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

mit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

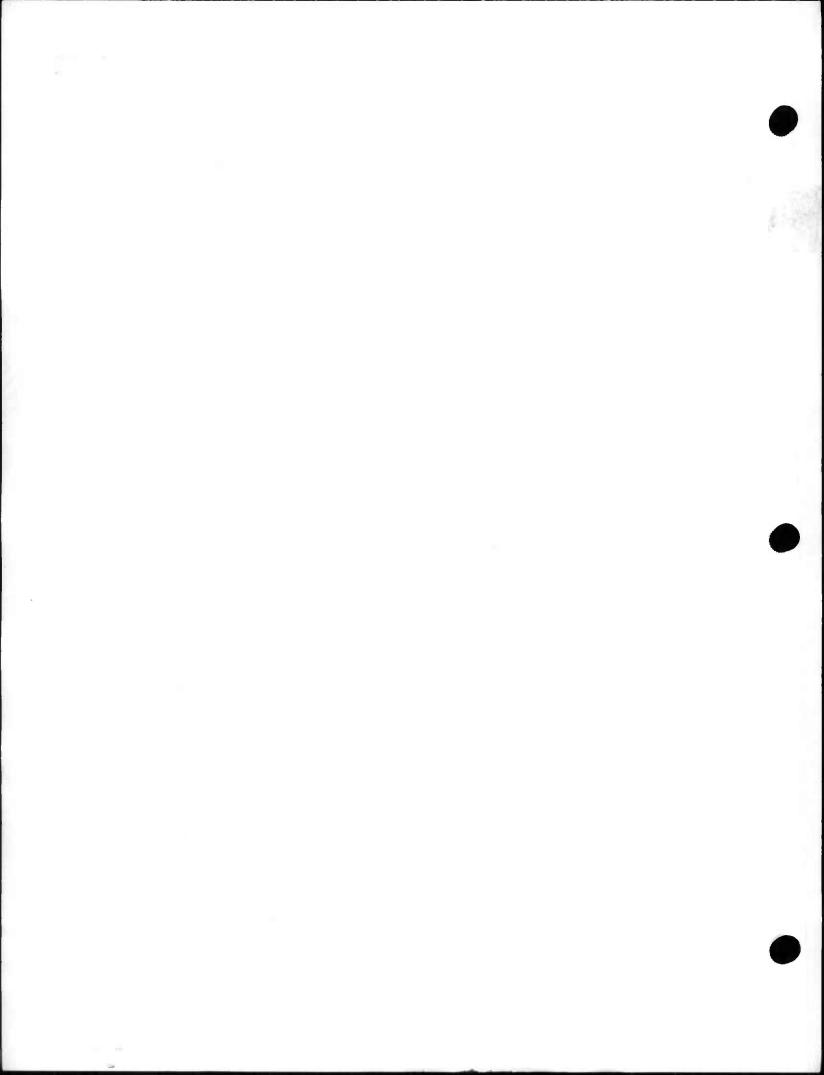
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		02.11111.101	AIL OI	JEATH	2. DATE OF	DEATH		3. TIME OF DEAT	Н
	JERRY JARVIS AMO	0S				July	7 O2.	1990	7:35	a.mM.
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH	(SIRTHPLACE (State or For	reign
	272 20 0071	1X M 2 🗆 F	P YRS.			09-	23-		orth Carol	ina
" l	9e. FACILITY NAME (If not institution, give stre				R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	
6	6300 McClean Bot	ulevard	B	altimo:	ce					
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
0	Maryland		Balt	imore					1 YES 2	NO
M	10e. STREET AND NUMBER				ZIP CODE				OF WHAT COUNTRY?	
FUNERAL	3407 Wabash Aver	NUC 12. WAS DECEDENT EVER II	N U.S. ARMED		L215 ENDENT OF HISPAN	IC ORIGIN?	Specify Yea	U.S.	RACE — American India	ın.
E	1 Never Married 2 Married	FORCES? 1 X YES	2 NO		cify Cuban, Maxica	n, Puarto Ric			Black, White, atc.	
ВУ	3 Wildowed 4 Divorced		-	l	**				Black	
E I	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo-	IN st of working	16b. K	IND OF BUS	INESS/INDUS	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Postal Se			Fe	dera	l Gove:	rnment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		roctar be	LVICC	18. MOTHER'S NA				Limetre	
BE C	ROBERT LEE AMOS				MURPHY	HAWK1	INS		(~	
10 B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F		City or Town	n, State, Zip Co.	de)	
-	DEBORAH LEWIS				Boulevard	i	1			
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		RBUTUS MEM						or Town, State MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICE		CDOTOO THAT		ID ADDRESS OF FA	CILITY	TALD	0100, 1	TAKTLAND	
	Donal as	la la	0	MARSH	ALL W. JO	ONES,	IR FUI	VERAL I	HOME P.A.	222
	23. PART I. Enter the diseases, or co	omplications that couse	d the death. Do not						ORE, MD 21	
	shock, or heert fellure. L	1							interval Be Onset end	
	disease or condition reculting in death) A cute Myscardiel Infarction Due to (or as a consequence of): Acute Myscardiel Infarction Due to (or as a consequence of): Acute Myscardiel Infarction Due to (or as a consequence of):									
	DUE TO (OR AS A CONSEQUENCE OF):									
NO										
AT	If sny, lesding to immediate cause. Enter UNDERLYING	DOE 10 (ON AS A	CONSEQUENCE OF).						į	
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION	resulting in desth) LAST	•								
AL C	PART II. Other significent conditions	contributing to deeth i	but not resulting in t	the underlyin	g ceuse given in	Part I. 2	4a, WAS AN		24b. WERE AUTOPSY F	INDINGS
S	Consertine Heavy	Pailine					PERFOR		AVAILABLE PRIOR COMPLETION OF	
WEL	Chune Obstration	c Puhnen	Biscose			_			1 YES 2	NO
ž										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PI	LACE OF DEATH (Ch	eck only one)				
ΗXS	1 🗀 YES 2 🗷 NO	1 Inpatient 2 I ER/Out 28a. DATE OF INJURY	patient 3 DOA 4		Residence			NJURY OCCUP	IED.	,
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y WO	PES 2 NO	200. 0030	NIDE NOW I	NSONT OCCUP		
BY	2 Accident Investigation 3 Suicide 8 Could not be	et, factory, offic					Rural Route Number,			
TEC	4 Homicide datarmined	building, atc. (Spe	icity)			City or	Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wledge, death occurred	nt the time, date	and place, and due	to the cause	e(a) and ma	nner as stated.		
NO	000	R: On the beals of examination	on and/or investigation,	in my opinion, o	leath occured at the	time, data a	nd place, ar	nd due to the o	ause(a) and manner as s	stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0. 00	A		29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)	
TO B	goseph ld	miller	WO		D069	82		7	12/90	
_	30. NAME AND ADDRESS OFFERSON WHO	COMPLETED CAUSE OF DE		TON	AV E	Bal	tuni	2122	9 10.1	
			, 1	71-014	KJY U			01-0	1 - 10	

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rithin 24 mours after death. Page 6 may be retained b	ely f	atio
ICIAN: The law requires that the death certificate be executed withli	npletely filled	Cren
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3W	e has been signed by the	ept.
The	TOR: After this certificate has been s	te D
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F	this	Wit
ING	R: After th	leath
END	.H.	ler o
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TAL	RAL	be filed within 72 ho
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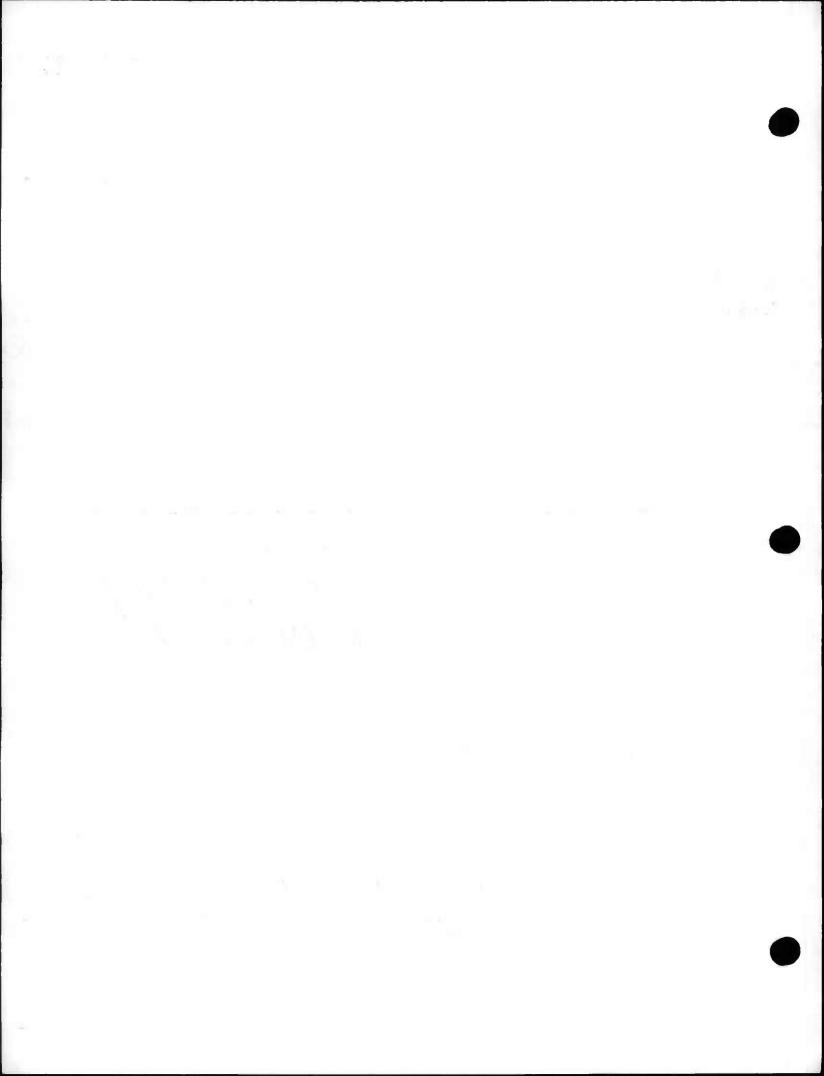
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1, DECEDENT'S NAME (First, Middle, Last)		Banks			2. DATE OF OEATH	DAY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-20-5921	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	6 7. DATE OF BIRTH (Month, Day, Year 4-29-1	27 199 924 6.	BIRTHPLACE (State or Foreign Country) Md
9a. FACILITY NAME (If not Institution, give Liberty Medical			вы сіту, тоwn с Balti	DR LOCATION OF O			OF OEATH
10a. STATE Md 10b. COUN	тү		altimor				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
3242 Yosemite Av	renue		101	21215			S A
11. MARITAL STATUS 1 Never Married 2 XXX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 V YES IF YES, GIVE WAR OR	2 NO	If yes, sp		NIC ORIGIN? (Specify in, Puarto Ricen, atc.) y:		Black, White, etc. Specify: Black
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16s. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo		16b. KIND OF	BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last) James Henry Ban	nks			Inez	ME (First, Middle, Mei Brooks	322374	
19a. INFORMANT'S NAME (Type/Print) Lillian T. C. E	Banks	3242			Aoumo Number, City or e Baltim		
20e. METHOD OF DISPOSITION 1 A Burial 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)	moval from Stata	other place) Arbutu	s Memor	netery, cremetory or nial Par	k 20c	Anbutus,	
21. SIGNATURE OF FUNERAL SERVICE L	// //	mpson J	22. NAME A	h F/H Wabash	CILITY		
23. PART I. Enter the diseases, or shock, or heart failure immeDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on	A CONSEQUENCE OF				eepiratory arrea	t, Approximeta interval Betwee Onset and Da
Sequentielly list conditions, if eny, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	votic	Hear	+ Dise	as 2	
PART II. Other eignificent condition	ons contributing to deeth			g ceuse given ir	PEF	S AN AUTOPSY FORMED? S 2 W NO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	streetless 2 7 DOA	OTHER:	LACE OF DEATH (C	neck only one) 6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	7 28b. TIME	OF 28c, IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	OW INJURY OCCU	REO
3 Suicide 6 Could not b	28s. PLACE OF INJU building, atc. (S)	RY — At home, farm, s pecify)	treet, factory, offic	ce .	28f. LOCATION (St City or Town, S		Runal Route Number,
(Criscia Orny	(SICIAN: To the best of my known in SICIAN). To the basis of axamina						l. cause(a) and manner as stated
	MILAD LIL			29c. LICENSE NU	1803	29d. DATE :	SIGNED (Morith, Day, Year) - Z 9 - 9 0
29b. SIGNATURE AND TITLE OF CERTIF	WHO COMPLETED CAUSE OF	DEATH //TEM 27) /Time	Delet)				
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF	eto In/	Print) Ba	It., M.	1.212	04	



mit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIENE REG. NO.				
	1. OECEOENT'S NAME (First, Middle, Last,	John L. Be				2. DATE OF DEATH	1990 ^{YEAR}	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 240-14-6859	240-14-6859 1 M 2 - F 76 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 12-16-1913 N.C.								
FOR	98. FACILITY NAME (If not institution, give Liberty Medical RESIDENCE OF DECEDENT		96.	Balti	R LOCATION OF DEA	ATN	9c. COUNTY OF	DEATN		
AL DIRECTOR	10a. STATE Md 10b. COUN	TY 10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FRAL	10. STREET AND NUMBER 2208 Dukeland St	100. STREET AND NUMBER 2208 Dukeland Street 21216					10g. CITIZEN OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR O	2 X NO		cify Cuban, Maxican		Bla	CE — American Indian, lock, Whita, atc. locity: Black		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use retained to the life.) Self Emp	done during mo- ired.)		16b. KIND OF BUS	INESS/INDUSTRY			
NOC	17. FATHER'S NAME (First, Middle, Last) John Berry				18. MOTNER'S NAM	AE (First, Middle, Malden S	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAU ING ADE	DESS /Ctmat a		ne Berry oute Number, City or Town	State Zie Cadel			
임	Louise Berry					Baltimore		216		
	20e. METHOD OF DISPOSITION 1 \(\) Burlel 2 \(\) Cremation 3 \(\) Removal from State 4 \(\) Donation \(\) Other (Specify) \(\) Arbutus Memorial Park 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Arbutus Memorial Park Arbutus Md									
	21. SIGNATURE OF FUNERAL SERVICE I	ILENSEE ONM	San Je	Ma	nch F/H 300 Waba	West ash Avenue	•			
	23. PART I. Enter the discess, or short failure that the discess or condition resulting in death)	e. List only one couse on e		enter the mo	de of dylng, such	lem	ratory erreet,	Approximate Interval Between Onset end Daath		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting In daeth) LAST						Ty y			
PHYSICIAN: MEDICAL (PART II. Other significant condition	one contributing to death i	but not resulting in §	e undertyin	g cause given in i	Pert I. 246. WAS AN PERFOR	MED?	4b. WIPE AUTOPSY FINDINGS ABILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 MO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	MCIO	26. PI	ACE OF DEATH (Che	ok only one)				
IX	1 TES 2 NO	1 C Impatient 2 DER/Out		Nursing Hon	s 5 🗆 Residence	fi ☐ Other (Specify) 26d. DESCRIBE HOW II	WHIT OCCURED			
ВУ Р	1 Natural 5 Pending	(Month, Day, War)	INJURY	WC	FRES 3 NO					
	a CT division	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Pural Ploute Number Dullding, etc. (Specify)						r Houte Number		
COMPLETED	one)	YSICIAN: To the best of my know NER: Dn the besis of examination						e(s) and menner as stated,		
TO BE C	29b. SIGNATURE AND TITLE OF CENTIF	ier Clay	8. Try	D	29c. LICENSE NUM	0 3.5	29d. DATE/SIGNI	EO (Month, Day, Year) - 28-90		
F	30. NAME AND ADDRESS OF PERSON O	TOTAL	CATH UTEM 27) (Type., Pri	"Il	1 F	Balte	mole.	trf, 2/2/		
	JUL 03 1990 For Jul	a DIA DESETTACIONA	EXCHIE							



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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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1 -	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN		
1. 0	DECEDENT'S NAME (First, Middle, Last)	Pailer F				2. DATE OF DEATH		ar 3. TME OF EATH
4, 5	SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Fore
2	216-05-9424	1 D M 2 XF 7		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	FACILITY NAME (If not institution, give :			9b. CITY. TOWN	OR LOCATION OF DE	4-6-18	9c, COUNTY	Pa. OF DEATH
RE 10e	UNION MEMORIA	L HOSPITAL			ORE CITY		N/	
10a	. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
5	Md. Bal	timore	Cat	onsvil	16			LIMITS?
	STREET AND NUMBER	II I III O I E	Md.		of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
10.0 2 11.	212 Forest Sp	ring Lane-			21228		TT C	
11.	MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	a or No— 14.	RACE — American Indian Black, White, etc.
	Never Married 2 Married	FORCES? 1 YES			pecify Cuban, Mexica S 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify:
	Widowed 4 Divorced	N/A		""		N/A		White
3	15. DECEDENT'S EDU (Specify only highest grade	JCATION a completed)		USUAL OCCUPAT		16b. KIND OF BU	ISINESS/INDUST	
i -	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	ise retired.)	out or working			
17.	N/A	N/A	Hous	ewife		N/	/ Δ	
17.	FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)	
	Raymond Hal	nn				UNKNOWN	ſ	
	. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	end Number or Rural	Route Number, City or Tov	vn, State, Zip Co	de) #21228
2 R	Robert T. Bai.	lev	212	Forest	Spring	LnCat	onsvi	lle.Md.
	Burtal 2 Cremation 3 Ref		b. PLACE OF DISPO		emetery, crematory or		OCATION - City	
	☐ Burtal 2 ☐ Cremation 3 ☐ Ref	/loval from State	other place) Meadowr	idge C	emeterv	HOW	ard C	o. Md.
21.	SIGNATURE OF FUNERAL SERVICE L		TO GO WI	22. NAME	ND ADDRESS OF FA	CILITY		
4	•					more Nat		Pike
-		Schwab				Md. 212		
23	PART I. Enter the diseases, or shock, or heart failure.	. List only one cause on		not enter the m	ode of dying, euc	h es cerdiec or resp	piratory errest	Approximat
	IMEDIATE CAUSE (Final	- A						Onset and
	seese or condition	. Cardin	opulmon	nam 1	trest			
		DUE TO (OR AS	A CONSEQUENCE	OF):	0			
Z	equentielly liet conditions,	a. Carcli on as DUE TO (OR AS DUE TO (OR AS	atic Bre	ast Co	and a	detenost	ating	
lf lf	any, leading to immediate		A CONSEQUENCE (OF):		State.		
S C	AUSE (Disease or Injury	c CVA						
th	at Initiated events suiting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):				
5	solding in death, EAST	d				<u></u> -		
	ART II. Other significent condition	ns contributing to death	but not regulting	In the underlyi	ng cause given in	Part I. 24s. WAS AI	N AUTOPSY	24b. WERE AUTOPSY FIN
5 PA	Reconscions	Deep Venus	is than	mhose	20	1011	RMED?	AMAILABLE PRIOR TO COMPLETION OF CA
a control		ret ampudat		140100		1 TES	2 NO	OF DEATH?
	C) ISEION CI	et aminace	1734.	M. Contract		- 1		1 YES 2 N
- L	WAS CASE REFERRED TO MEDICAL							
5 25.	EXAMMER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)		
2 _	YES 2 NO	1 inputient 2 ER/Ou		4 - Nursing Ho	me 5 - Residence	8 Other (Specify)		
25.	MANNER OF DEATH Netural 5 Pending	(Month, Day, Year)	10	JURY W	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED
	Natural 5 Pending 2 Accident Investigation		90 41	W -	YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp	<pre>IY — At home, farm, ecify)</pre>	street, factory, off	Ice	281. LOCATION (Street City or Town, State		Rural Route Number,
	4 Homicide determined							
294	Check only	SICIAN: To the best of my kno	wiedge, death occur	red at the time, da	te end place, end due	to the cause(e) end me	enner ee stated.	
E		IER: On the beels of axaminati	on end/or investigat	ion, in my opinion,	death occured at the	time, dete end piece, e	and due to the c	ause(e) and manner as sta
	SIGNATURE AND TITLE OF CERTIFIE	en ,	Rocin	Dans	29c. LICENSE NU	MBER	29d, DATE S	tGNED (Month, Day, Year)
	Your Direct	ut non.	Phila	(VIII)			▶ / - ſ	27/00
30.	NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 2) (500	e. Print)	1		1 0	21140
	3501, St. Pau	1 Sti # 924			Md 2	1218		
31	DATE FILED (Month, Day, Year)	32. REGISTRADIC OIL	NATTIRE		100			
31.	will or mon de	lia Davidson-Rang	1					

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or attending physician. r use as the burial-transit permit, Pages 1, 2, 3 should

BALTIMORE, M

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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BALTIMORE, MARKEAND 21203			nce
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mous after death. Page 6 may be relimined from the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 was also also for use a befiled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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							90		3023
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Art	hur	Bea	sley		2. DATE OF DEATH MONTH 6-29-90	Y YE.	AD .	ME OF DEATH 25PM M
	4. SOCIAL SECURITY NUMBER		r yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLAC	E (State or Foreign
	239-44-3126	1 2 M 2 🗆 F	79 YRS.	MONTHS DAYS	HOURS MIN.	(Month Oct. Year)	30	Country)	, <,
~	9a. FACILITY NAME (If not institution, give stre	·			R LOCATION OF DE		9c. COUNTY	OF DEATH	
Ē	University Hospi	tal		Baltim	more City	7			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	84 LT				100	INSIDE CITY LIMITS? YES 2 \(\) NO
FUNERAL	10e. STREET AND NUMBER 2023 E. Laff	nos st.			ZIP CODE			OF WHAT	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 2 NO	If yes, spe		IC ORIGIN? (Specify Yee n, Puerto Rican, etc.) :		RACE — A Black, Whi Specify:	merican Indien, ita, etc.
6	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATIO	IN at of working	18b. KIND OF BUS	INESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		rork done during mos e retired.)	act working	TRUCK	K DI	2,100	ER_
00	17. FATHER'S NAME (First, Middle, Lest) FRANK BEA	el ce				ME (First, Middle, Maiden		9	
BE	19a. INFORMANT'S NAME (Type/Print)	SLEY	19b. MAILING	ADDRESS (Street at	nd Number or Rural R	loute Number, City or Town	n, State, Zip Coo	fe)	- 766
5	MARGIE BEN	45Ley	202	3 E. H.	OFFMAN	20c. LO	it m	0 7	21213
	29e. METHOD OF DISPOSITION 1 Decide 2 Cremetion 3 Remo								
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	ION GRO	22. NAME AN	Ch URCh -	HARD HUR	2d IEV	1145	NC,
	Betta Fune	ral 1ham	0	1129	N. CAI	ZOLINE S.	L 170	1.1	21213 m 0.
	23. PART I. Enter the diseases, Dr ci								Approximate
	shock, or heert fellure. I	List only one ceuse on ee	ech line.					į	interval Between Onset end Death
	disease or condition resulting in deeth)	Chest inju			ications				
	_	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING								
IFIC	CAUSE (Diseese or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):				1	
ERT	reaulting in deeth) LAST	i							
	PART II. Other algnificent condition	e contributing to deeth be	ut not resulting	in the underlying	g ceuse given in	Part I. 24e. WAS AN	AUTOPSY		RE AUTOPSY FINDINGS
DIC/						XX YES 2		CON	IPLETION DF CAUSE DEATH?
ME						_		*	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	ack only one)			
SICI	EXAMINER?	HOSPITAL:	atient 3 DOA	OTHER:	e 5 Residence	III SEE III -			
PHYSICIAN: MEDICAL	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN			26d. DESCRIBE HOW I			railor
BY	1 Natural 5 Pending **Coldent Investigation	6-25-90		44ANI 10	YES XXXIO	200 SOCATION SINGS			
Œ	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec		Road	•	I-95 at B	ig Elk	Cree	k Bridge
E	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	ledge, death occurr	ed at the time, date	end place, end due	Dallinne	COUNT	, MI	,
COMPLETED	cont.	R: On the besie of examination						suse(e) end	I manner as stated.
BE C	BIGHATURE AND TITLE OF CERTIFIER	10/-10			29c. LICENSE NUM	ABER	29d. OATE S		
TO E	mound use	O COMPLETEO CAUSE OF DE			OCME		•	6-30	-90

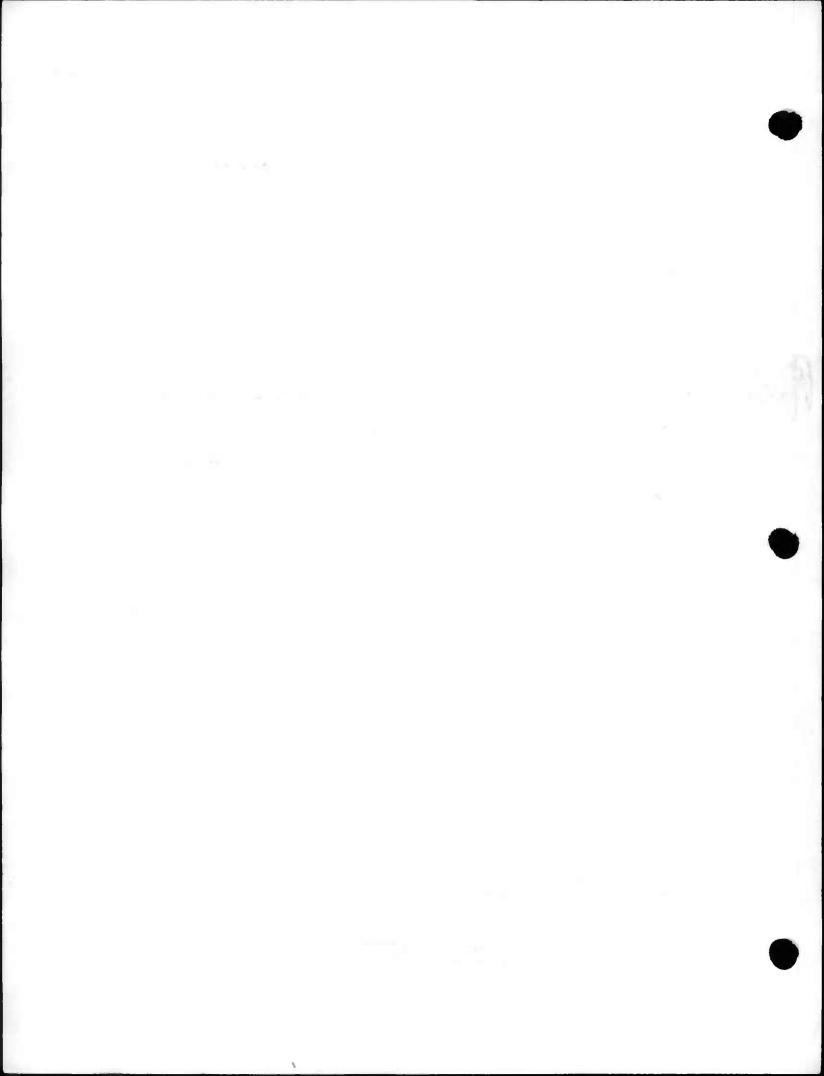
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARGARITA A. KORELL, MD

31. DATE FILED (Month, Day, Year)

111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

		permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	rySICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for pre as the funral transitive removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely invest in by the funeral director, page 5 should be detached for use a the man beauth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ŀ	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT MONTH	H	YEAR				
	EDWAR	D	F.		BA	JER	July 2.	1990		7:00 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lesi		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI	f er)	Count	IPLACE (State or Foreign		
	212-01-6617	1 X M 2 - F	74	YRS.	HIRS DATS	HOURS MIN.	(Month, Dey, Ye. DEC. 22	,1915	MA	ŔYLAND		
_	9a. FACILITY NAME (If not institution, give at	reet and number)		91		OR LOCATION OF DE		9c. COL	JNTY OF E	DEATH		
ECION	6802 Brook Ave.				Balt	<u>imore Cit</u>	У					
	10a. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY		
	MARYLAND			E	BALTIMO	ORE				LIMITS? 1 X YES 2 NO		
A.	10e. STREET AND NUMBER				10	of. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?		
	6802 BROOK AVE.					21206			U.S	S.A.		
	MARITAL STATUS Never Married 2 Married	FORCES?	NT EVER IN U.S. AR	MED IO	13. WAS DE If yes, s	CENOENT OF HISPAN pecify Cuban, Mexica	IC ORIGIN? (Specific, Puerto Rican, ato	y Yaa or No—	14. RAC Blac	E — American Indian, k, White, atc.		
腳	Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 🗆 YE	S 2 NO Specify	:		Spec	WHITE		
Š,	15. DECEDENT'S EDUC	CATION	18a. DE	CEDENT'S US	UAL OCCUPAT	ION	16b, KIND O	F BUSINESS/IN	IDUSTRY	MIL IL		
Į.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT use n	done during material.)	iost of working						
COMPLE	11		IN	ISURAN	CE AGE	NT	II	ISURAN	CE CC	MPANY		
5	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, M					
ומ	EDWARD J. BAUER		177			1	SCHRAUDI					
2	19a. INFORMANT'S NAME (Type/Print)	ED	198			and Number or Rural F						
	CHARLOTTE E. BAU 208, METHOD OF DISPOSITION	CK	20h BLACE			AVE. BAL		LOCATION -		Dun State		
1	1 X Burial 2 Cremation 3 Rame	oval from State	other pla	ece)	F FAIT					MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE DENN	IS CAPIT			AND ADDRESS OF FA				d. 21214		
	Demin	DEN	13 CALL	ANO		nand 1						
	23. PART I. Enter the diseases, or o	complications the	at coused the da	ath. Do not	entar the m	oda of dying, auc	h as cerdlec or	reepiratory a	rreat,	Arford Rd. Approximate		
	shock, or heart fallure. IMMEDIATE CAUSE (Final	Liet only ona ca	use on each line							Interval Between Onset and Death		
	disease or condition resulting in death)	: CARN	inc. Arm	AthVU.	in Y	is hyoco	dial In	KARC	how	1000		
		DUE TO	OR AS A CONSE	UENCE OF):	,_		6					
2	Sequentially list conditions,	. Conc	OR AS A CONSE	Her!	tollo	11						
RIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	COL	O (OR AS A CONSEC	DUENCE OF):								
2	CAUSE (Disease or injury that initiated events	c. DUE TO	O (OR AS A CONSEC	DUENCE OF):						+		
	reaulting in death) LAST	Dia	refer.									
5	PART II Other significant condition			and the same	No condended	b t-	Deat Las va					
4	PART II. Other significant condition	e contributing to	o death but not r	eauting in	ine underlyii	ng cause given in		S AN AUTOPSY RFORMED?	24	MAILABLE PRIOR TO COMPLETION OF CAUSE		
	- Jilloner.						1 ¬ Y	ES 2 NO		OF DEATH?		
Σ							-			1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. (PLACE OF DEATH (Ch	eck anly one)		_			
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3		THER:	me 5 Haaldence	6 Other (Specifi)				
1	27. MANNER OF DEATH	28a. OATE O	F INJURY Day, Year)	28b. TIME (F 28c. IN	JURY AT NA	28d. DESCRIBE		CCURED			
1	1 Netural 5 Pending 2 Accident Investigation	- /	2/90	NIA		YES 2 NO						
٥	3 Suicide 6 Could not be	28e. PLACE building	OF INJURY — Al ho , etc. (Specify)	rme, farm, atre	et, factory, off	Ice	28f. LOCATION (S City or Town,		er or Rural	Route Number,		
			1/3									
COMPLEIED	(Check only one)											
5	2 MEDICAL EXAMINE	R: On the beals of	examination and/or	Investigation,	in my opinion,	death occured at the	time, date and pla	e, and due to	The cause	a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	7				29c. LICENSE NUI	MBER	29d. D/		D (Month, Day, Year)		
2	Manne / Can	14 11	J	M om C	(-a)	0254	38		7-	2-90.		
	Jeanne McCaul	6				. Suite	201					
	31. DATE FILED (M21"), Dev. 30" 1990	320 REGIST	AR'S SIGNATURE	J. pa	nu Nu.	Juite 1	LUI					
	JOF () 3 188(guna 1	entagon-No	Notice								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL DE ALTENDING PHYSICIAN: THE IZAM PEQUIES THAT THE MESTIVE OF EXECUTED WITHIN 24 FROMS ARE DESTIT OF ALTENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	annontrate is now 30 to morting on them 22 shows any intervent or other fraumatic again the medical avantines much he neither at once
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CE	MILIE	CALE	וע אנ	EAIH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE D	F DEATH	MEAN		TIME OF DEATH
	MARGARET K. BEAR	1D						MONTH 6	20 20	9 90		1158 a.M
		5. SEX	6. AGE (In yrs. last	birthdev)	IF UNDER 1 YEA	AR IF	UNDER 24 HRS.	7. DATE DI	BIRTH	8. BIF		CE (State or Foreign
		1 🗆 M 2 🗆 💢 🖹		YRS.	MONTHS DAY	_	URS MIN.		Day, Year)		intry)	
	9a. FACILITY NAME (If not institution, give street		91		Ab CITY TO	MI COLI	OCATION OF DE		6-98	9c. COUNTY OF	_	nsylvania
. 1	SH. PAGILITY NAME (II not institution, give street	er and number)	1		D. C. III, TOW	1		AIT		BC. COUNTY OF	DEAT	
5	OT AGNES HO	SPITE	_		DHIT	10	DAE					
1	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		-	10c. CITY	, TOWN OR LO	CATION					104	I. INSIDE CITY
	MA Dall	'mana		12 -	1± · ~ -		1	1000	alla			LIMITS?
;	MO DAT	More		()4	THU	11.5		TUID	UIIIE	40 - OFFICE		YES 2 NO
	10e. STREET AND NUMBER	1. 0	1		}	101. ZIP	3000			10g. CITIZEN DI	WHAT	COUNTRY?
	+10 Braesu	de VI	1.				999			US	A	
5		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR		13. WAS	DECEND	ENT OF HISPAN Cuben, Maxican	IIC ORIGIN?	(Specify Year o	r No- 14. R/ BI	CE — ack, W	American Indian, hita, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				YES 2			, , , , ,		ecity:	16.1.
					1							Norte
	15. DECEDENT'S EDUCA (Specify only highest grade co		(G/	m kind of w	USUAL OCCUP rork done during	PATION g most of	working	16b. l	CIND OF BUSI	NESS/INDUSTRY	,	
ابا	Elementary/Secondary (0-12)	College (1-4 or 5 +	life	Do NOT us	e retired.)			1-		0		0
			LLE	CK				Ite	denal	Kesei	YE	bank
5	17. FATHER'S NAME (First, Middle, Last)	^	1	1 1 1 1 1		18.	MOTHER'S NAI	ME (First, Mic	ddle, Maiden S	umame)		
از	HIbert G. 1	hean	d				MANU	Di	IKeh	art		
	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Stre	eet and N	umber or Rural F	Route Numbe	r, City or Town,	State, Zip Code)		
2	Insach I Ca	in	2	J K	001140	10 9	Or R.	who	100	N.V	41	010
- 1	20a, METHOD OF DISPOSITION	111	20b. PLACE	OF DISPOS	ITION (Name of	of comptor	v. cremetoru ~	CALLE.	200.100	ATION — City or	Town	State
	1 5 Buriel 2 - Cremetion 3 - Remov	val from Stata	other pla		hada	. Competer	A see	10011	21	In M	,5411,	- Inter-
	4 Donation 5 Other (Specify)	NSEE	INPW)	CVE	TIPCI	E AND	DDRESS DF FA	744	HD/dL	TU . 1111),	
	21. SIGNATURE OF FUNERAL SERVICE LICE				22. NAM	E ANU A	DURESS UP FA	\ / \ / \ .	ohna	Fune	62	1 Home
	Taxleen (1	Vicke	N		Fq	My o	14		d500	D.10	1 4	
	23. PART I. Entar the diseases, pr cp	mplications tha	t caused tha da	ath. Do r	ot enter the	mode	of dying, suci			itory errest.	*	Approximata
	shock, Dr haert fellura. Li						7		•			Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Finel disease or condition	44	la = m = & J =									
	resulting in deeth) e.	-	hepatic									days
	1	Sepsi		UENCE ÓI);							days
5	Sequentially list conditions, b.											
	if any, leading to immediate		(OR AS A CONSEC	UENCE DI	-):							dove
3	ceuse. Enter UNDERLYING CAUSE (Disease or injury		onitis									days
	that initieted events	DUE TO	(DR AS A CONSEC	DUENCE OI	7):							
5	resulting in deeth) LAST											
1	PART ii. Other significant conditions	contributing to	deeth but not n	esulting	n the under	lvina co	use given in	Part I	24a, WAS AN A	UTOPSY .	24h. WE	RE AUTOPSY FINDINGS
(The state of the s	- January 10	-John Dat HOLF	oserany i	ure unuen	.ymg ca	wae given in	ant I.	PERFORM		AM	ALABLE PRIOR TO
ś I									1 [XYES 2	NO	OF	DEATH?
											1]	YES 2 NO
SICIAIN. IN												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOFT				6. PLACE	OF DEATH (Ch	eck only one,)			
5		HOSPITAL: 1 Typetient 2	ER/Outpatlant 3	□ DOA	OTHER: 4 - Nursing	Homa 5	Rasidenca	6 🗆 Other	(Specify)			
=	27. MANNER OF DEATH	28a. DATE DE	INJURY	2Sb. TIM	E DF 26c	. INJURY	AT			JURY OCCURED	1	
-	1 X Natural 5 Pending	(Month, D	ay, Year)	INJ	M 1	WORK?	2 🗌 NO					
	2 Accident Investigation	26e, PLACE C	F INJURY — At ho	me, farm				28f, LOCA	TION (Street an	d Number or Rui	al Bout	e Number.
3	3 Suicide S Could not be 4 Hornicide detarmined	building,	atc. (Specify)					City or	Town, State)			
										:-		
	29a. CERTIFIER (Check only	IAN: To the best of	my knowledge, de	ath occurr	ed at the time,	data and	place, and due	to the caus	e(s) and mann	er as stated.		
COMPL	one) 2 MEDICAL EXAMINER	: On the beels of a	xamination and/or	nvestigatio	n, in my opinio	on, death	occured at the	time, deta a	nd placa, and	due to the caus	le(a) ar	d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER)				29	c. LICENSE NUI	MBER	Т	29d. DATE SIGN	IED (M	orith, Day, Year)
	[1. 11 ()	^		6-		1	D30206				-30	
2	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CALL		17 → 1 , N 27) /Time	Print\		D 20200	<u> </u>		. 0.	- 50.	- 50
										00		
I	R STEVEN H. PEARLMA	AN - 900	CATON A	VENU	E, BAL	TIM	ORE, MA	ARYLAI	ND 212	29		
	31. DATE FILEO (MONITURE) 3 19	Q 32. REGISTRA	R'SSIGNATURE	Hample	D.							
- 4	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JY A		-								

of for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be up to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be an

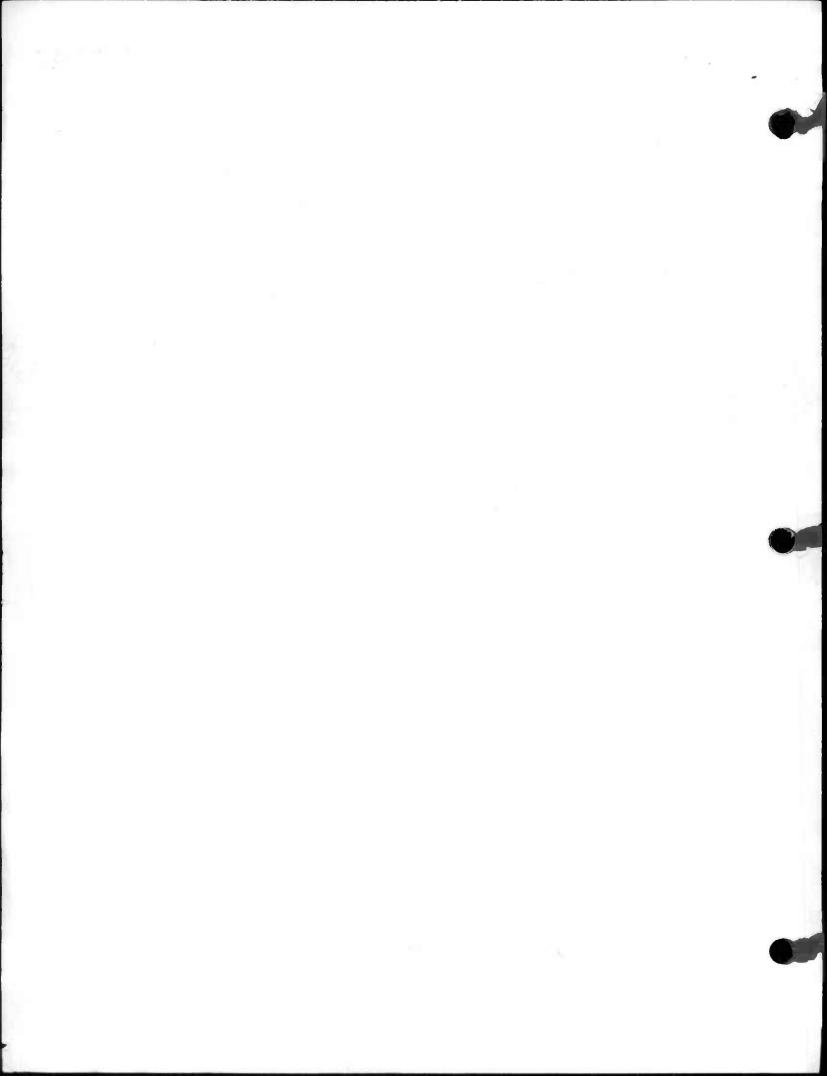
03

1990

32. AGGISTHAR'S SIGNATURE
Julia Davidson Randalle

	FOR STATE REGISTRAR	S	TATE OF MARY		RTMENT OF I	HEALTH AND M	ENTAL HYGIE		
	1. DECEDENT'S NAME (First,	Middle, Last)	Barat	٠			2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	DER 5.	SEX 6. AG	E (in yrş. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
	119-15-9	278/11	M 2 □ F	7/0 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	10	Country)
	9a. FACILITY NAME (If not in:	stitution, give street	and number)	70	9b. CITY, TOWN	OR LOCATION OF DEA	7/23/	9c. COUNT	Y OF DEATH
r l	<+ Ta	Sant			Tous	500		I.	2110
DIRECTOR	RESIDENCE OF DEC	EDEN			I OW	3017		1 06	C 40.
Ĕ I	10a. STATE	10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	MD	ba	Himor	e t	saltin	PLA			1 TYES 2 THO
4	10e. STREET AND NUMBER			01	10	H. ZIP CODE	2	10g. CITIZE	EN OF WHAT COUNTRY?
FUNEHAL	6851 9	ueer	Sterr	y Kd		2123	7		usa
5	11. MARITAL STATUS		WAS DECEDENT EVER			CENDENT OF HISPANIC		Yea or No 1	4. RACE - American Indian, Black, White, atc.
2	1 Never Married 2 2 3 Widowed 4 Divo		IF YES, GIVE WAR OR		1 🗆 YE	3 2 NO Specify:			Specify:
ED		EDENT'S EDUCATION	244	140 DECEDENTIS	USUAL OCCUPATI		484 1/10/2015	BUSINESS/INDU	WHITE
-	(Specify only	y highest grade com	oleted)		work done during m		IND. KIND OF	JOSINESS/INDO	o ini
	Elamentary/Secondary (0 12	F-12) C	ollega (1-4 or 5 +)	PLUMBIN	IG INSPE	CTOR	CITY	OF BALT	IMORE
COMPLE	17. FATHER'S NAME (First, M.	liddle, Last)		1		16. MOTHER'S NAM	IE (First, Middle, Maid	len Surname)	
-	ERNEST	BAVATO				CARMELI	LA TREV	ISONNO	
R	19a. INFORMANT'S NAME (7)	Type/Print)		19b. MAILING	G ADDRESS (Street	and Number or Rural Ro	oute Number, City or	Town, State, Zip C	Code)
2	DONAT A BAV.	ATO		6851	QUEENS I	FERRY ROAL	D BALTIM	ORE, MD	. 21239
	20a. METHOD OF DISPOSIT	ION		20b. PLACE OF DISPO	SITION (Name of ce	metery, crematory or	20c.	LOCATION — CI	ity or Town, Stata
	1 Donation 5 Other	on 3 - Removal	from State	other place)	DEMED OF	METERN	l B	ALTIMO	RE, MD.
	21. SIGNATURE OF FUNERA	BERVICE LICENS	#1 () A	HOLI KED		ND ADDRESS OF FAC	ILITY		
	+ John	J D4	the h		DIPP	EL FUNERAL	L HOME,	INC.	
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure. List	coniy ona causa or		not entar tha m		as cardiac or re	apiratory arre	intarval Batween Onset and Death
RTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or Inju	diate		S A CONSEQUENCE O					
ĒΙ	that initiated events resulting in death) LAS	т	302 10 (011 A	o A GONGLOGENGE (. ,.				j
		d							
MEDICAL	PART II. Othar algnifica	ant conditiona c	ontributing to desti	n but not resulting	in the underlyli	ng cauae given in F	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDER TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERREO T EXAMINER?		OSPITAL:		26. I	PLACE OF DEATH (Che	ck only one)		
PHYS	1 TYES 2 NO		Inpetient 2 ER/C		4 - Nursing Ho	me 5 🗆 Residenca (
	27. MANNER OF OEATH	Pending	(Month, Day, Yea	RY 28b. Til	IJURY W	IJURY AT ORK?	2ad. DESCRIBE HO	W INJURY OCCU	URED
BY		Investigation				YES 2 NO			
		Could not be determined	26s. PLACE OF INJU building, atc. (S	JRY At home, farm, Specify)	, atreat, factory, off	ca	26f. LOCATION (Str City or Town, St	eet and Number o ate)	or Rural Route Number,
Щ									
COMPLETED	one)					te and place, and due t			d. cause(a) and manner as stated.
႘			A	anwor mireatiget	on, in my opinion,				
BE	296. SIGNATURE AND TITLE	E OF CERTIFIER	Disse	en M	1.).	0 164	192	29d. DATE	SIGNED (Mortin, Day, Hear)
2	30. NAME AND ADDRESS O	F PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 27) (Tvo	ne. Print)	-			1

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 212002311	24 Journal after death. Page 6 may be retained by the hount and a second	filled in by the funeral director, page 5 should be detacted for an ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cuts after death. Page 6 may be retained by the human executed within 24 cuts after death. Page 6 may be retained by the human executed within 24 cuts after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be signed within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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ING PHYSICIAN: The law requires that the death certaincate be executed within 24-acuts after death. Fage of findy of the films of the f	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached located least with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Pages 1, 2, 3 should

									4		10021
	FOR STATE REGISTRAR	STATE OF MARY			ENT OF H			YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH	v	YEAR	3. TIME OF DEATH
	GEORGE A.	BEISHI	LAG				6	28		90	10:20 Am
- 1	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest b		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			8. BIRTH	PLACE (State or Foreign
Į	577-48-6991	1 № M 2 🗆 F	83	YRS.	THS DAYS		(Month, Day March				York
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b		R LOCATION OF DE	ATH		9c. COUN		
DIRECTOR	1530 Taylor Ave				Parkv	ille			Ba1t	imor	re
입	10a. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCAT	ION					10d. INSIDE CITY
	Maryland Balti	more		Par	kville		_				LIMITS? 1 YES 2X NO
FUNERAL	100. STREET AND NUMBER 1530 Taylor Ave.				101	21234				S.A.	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 V IF YES, GIVE WAR OF WW II	ES 2 NO R DATES	ED	If yea, sp	ENDENT OF HISPAN nelfy Cuban, Maxica 2 T NO Specifi	n, Puerto Rican		or No—		- American Indian, d, While, etc.
	15. DECEDENT'S EDUC	ATION			JAL OCCUPATION		18b. KIN	D OF BUS	SINESS/IND	USTRY	•
۱ <u>۵</u>	(Specify only highest grade c Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give	kind of work to NOT use re	done during mo tired.)	at of working	ŀ				
립	12	9	Pro	fesso	r		Tow	son	State	. Un:	iversity
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			,		
B	Everett W. Beishl	ag				Anna M					
2	19a. INFORMANT'S NAME (Type/Print) Bernice Beishlag				s #10	nd Number or Rural	Route Number, C	City or Tow	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITION		20b. PLACE OF	F DISPOSITION	ON (Name of cer	netery, cremetory or		20c. LO	CATION —	City or To	wn, Stata
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramor	val from State	other place	e)		emetery	7/2/90			-	ls, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE		2/			ND ADDRESS OF FA		0 11	IIIBU		20, 114.
	27/ 1	11 11			Ruck	Towson	Funera	.1 Hc	ome,	Inc.	
	ande	and				York Rd					
	23. PART i. Enter the dieeesee, or co shock, or heert fellure. L			th. Do not	enter the mo	de of dying, euc	ch es cerdiec	or resp	iratory en	est,	Approximete Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Can	clia	pu	lmo	uary	an	er	X		Onset and Death
		DUE TO (OR /	AS A CONSECU	JENCE OF):	0-	كـــــ	- 0				
N	Sequentielly list conditions,		FAST		YR	OSTAT	E C	P			
CERTIFICATION	if eny, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR /	AS A CONSEOL	JENCE OF):							
일	CAUSE (Disease or injury	DUE TO (OR a	AS A CONSEQU	JENCE OF:							
Ē	that initiated events resulting in deeth) LAST										
8	d				<u>.</u>						_
	PART ii. Other eignificent conditions	contributing to deel	th but not re	eulting in	he underlyin	g ceuse given in	Part i. 24	PERFO	AUTOPSY	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	CAD						1	ES			COMPLETION OF CAUSE OF DEATH?
											1 YES 2 NO
-	F										
M	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEATH (CI	heck only one)				
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 [THER:	na 5 Anaidance	8 Other (S	pecify)			
Ŧ	27, MANNED OF DEATH	28a. DATE OF INJU		28b. TIME C	F 28c, IN	JURY AT	28d. DESCRI		INJURY OC	CURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	out)	INJUH		ORK? YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJ building, etc.	JURY — At horr (Specify)	ne, farm, stre	et, factory, offic	ca .		ON (Street bwn, State		r or Rural	Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN. To the heart of a	kamula da c	th ac-	at the effect of	and aless and a	a to the second of	a) a===		to d	
MP	(Check only one) 2 MEDIÇAL EXAMINE	CIAN: To the best of my in R: On the besis of exemin		1	//						a) and manner as stated.
		//						p041 a			
BE	29b. SIGNATURE AND TITUE OF CERTIFIER	5/10	ak	~1	. 1	29c. LICENSE NU	1569		29d. DAT	E SIGNEI	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM	ID Older P	int)	1 12	101			6	102/10

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/g) Print

Alan Shorofsky M

660 Kenilworth Dr.

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 symmetric and for use as the bundal-transit permit. Pages 1, 2, 3 s		CONTRACT	TO BE COMPLETED BY FUNERAL DIRECTOR
5 3	ľ	Office	TO BE
ctor, page		nust be r	i in ire
funeral dire		xaminer r	
ig physician and completely filled in by th	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be m	IFICATION
has been signed by the attendin	Dept. of Health and Mental Hyg	n 23 shows any injury, or o	IAN: MEDICAL CERT
L DIRECTOR: After this certificate	2 hours after death with the State	f item 28 is marked, or iten	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
HE FUNERA	ed within 7.	DRTANT: !	E COM

FOR	STATE OF MADVIA	ND / DEDART	MENT OF HEALTH AND	MENTAL HYCIEI	JC		
1 - STATE REGISTRAR	SIAIE OF MANTE		CATE OF DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH	
CHARLES	FRANCIS	BINI	DEMAN	JUNE 30		12:15 P.M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (#		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)	
215-09-4657	1 M 2 □ F 8	7 . YRS.	ONTHS DAYS HOURS MIN.	July 15 1	000	Maryland	
9n. FACILITY NAME (If not institution, give st	reet and number)	et end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COU					
Meridian Hammonds	Lane		Brooklyn Park		Anne A	Arundel	
RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		I toe CITY	TOWN OR LOCATION			10d. INSIDE CITY	
	Arundel					LIMITS?	
100, STREET AND NUMBER	Arunder	LETIIC	thicum		10a, CITIZEN	OF WHAT COUNTRY?	
410 Cleveland Roa	d		21090				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Y	USA ns or No — 14.	RACE — American Indian.	
1 Never Merried 2 Married	FORCES? 1 YES		If yes, specify Cuban, Maxi	can, Puerto Rican, etc.)		Black, White, etc. Specify:	
3 X Widowed 4 Divorced						White	
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF B	SINESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		100			_	
6th 17. FATHER'S NAME (First, Middle, Last)	None	Conduc		B & A	Railroa	ad	
	D d d				_		
Charles George 19a, INFORMANT'S NAME (Type/Print)	Bindeman	19b. MAILING A	DDRESS (Street and Number or Run		ROV		
Eileen E. Baker		400 Bro	adview Rlud	Glen Rurni	o Mars	vland 21061	
20a, METHOD OF DISPOSITION	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of computery cyramatory or 20c. LOCATION — City or Town. State						
1 X Burial 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	oval from Stata other place) Glen Haven Memorial Park Glen Burnie Marvland						
21. SEGNATURE OF FUNERAL SERVICE LIC	ENSEE /		22. NAME AND ADDRESS OF	FACILITY			
Almost	101/ma	ox/	SINGLETON FUN 1 SECOND AVE.	ERAL HOME S.W., GLEN	BURNTE	, MD 21061	
23. PART i. Entar tha disaasas, or o						, Approximate	
IMMEDIATE CAUSE (Final	List only ona cause on ea	۸ .		. 1	,	Intarval Batwean Onset and Daath	
disease or condition resulting in daath)	HUMESAULINA	A Statement of the latest and the la		1 1 1			
DUE TO (OR AS A CONSEQUENCE OF):							
	DUE TO (OR AS A	CONSEQUENCE OF):	Lante Jornal	tyl lucobi t	Seale		
Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):		ty/ lucoba t	Seale		
	DUE TO (OR AS A	CONSEQUENCE OF):		ty lucuba t	Sole		
Sequentially list conditions, if any, leading to immediata csuse. Enter UNDERLYING CAUSE (Disease or injury	C	CONSEQUENCE OF):		ey Juscobi E	Seele		
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	C	CONSEQUENCE OF):		ey Juscoba E	Seale		
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):		ey Juscoba t	Score		
Sequentially list conditions, if any, leading to immediata csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):			N AUTOPSY PRIMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):			ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):		PERF	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	tha underlying csuse given	PERF	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMMER?	DUE TO (OR AS A d. s contributing to death be	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in	tha underlying cause given 26. PLACE OF DEATH	PERF(1 YES	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A d. s contributing to death by HOSPITAL: 1 Inpatient 2 ER/Outp	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in atlent 3 □ DOA 4 29b. TIME	26. PLACE OF DEATH (OTHER: 1 - Muraing Home 5 Residence OF 28c. INJURY AT	PERF(1 YES	PRMED? 2 ☑ MG	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A d. s contributing to death be HOSPITAL: 1 Impetient 2 ER/Outp	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in	26. PLACE OF DEATH (OTHER: 1 - Muraing Home 5 Residence OF 28c. INJURY AT	PERF(1 YES Check only one) 8 Other (Specify)	PRMED? 2 ☑ MG	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS A d. s contributing to death by HOSPITAL: 1 Inpatient 2 ER/Outp	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in attent 3 □ DOA 4 28b. TIME. HUJUI At home, farm, str.	26. PLACE OF DEATH (OTHER: 1 Interior of Microling Home 5 Residence of Workly at WORKY 1 YES 2 NO	PERFO 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW	PIMED? 2 PMO INJURY OCCUR t and Number or	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A d. s contributing to dasth by HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in attent 3 □ DOA 4 28b. TIME. HUJUI At home, farm, str.	26. PLACE OF DEATH (OTHER: 1 Interior of Microling Home 5 Residence of Workly at WORKY 1 YES 2 NO	Check only one) 8 Other (Specify) 28d. DESCRIBE HOW	PIMED? 2 PMO INJURY OCCUR t and Number or	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A d. s contributing to dasth be HOSPITAL: 1 Inpetient 2 ER/Outp (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spec	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in atient 3 □ DOA 4 28b. TIME INJUI — At home, farm, str	26. PLACE OF DEATH (OTHER: 1 Interior of Microling Home 5 Residence of Workly at WORKY 1 YES 2 NO	PERFO 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stell	PIMED? 2 PMO INJURY OCCUR t and Number or se	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 8 Could not be determined 29e. CERTIFIER (Check only	DUE TO (OR AS A d. s contributing to death be HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spec	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in atient 3 □ DOA 4 28b. TIME INJUI — At home, farm, str	26. PLACE OF DEATH (OTHER: GHMTraing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	PERFO 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stall	PRMED? 2 PMO INJURY OCCUR t and Number or e)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 8 Could not be determined 29e. CERTIFIER (Check only	DUE TO (OR AS A d. s contributing to death be	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in atient 3 □ DOA 4 28b. TIME INJUI — At home, farm, str	26. PLACE OF DEATH OTHER: GHITIPING Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO reet, factory, office	Check only one) a S Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stell us to the cause(a) and me time, date and place,	PIMED? 2 PMO INJURY OCCUR t and Number or set and dua to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 296. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A d. s contributing to dasth be	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in attent 3 □ DOA (4) 28b. TIME. NJUI — At home, farm, str. ledge, death occurred in and/or investigation,	26. PLACE OF DEATH (OTHER: 1 Interpretation of the properties of	Check only one) a S Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stell us to the cause(a) and me time, date and place,	PIMED? 2 PMO INJURY OCCUR t and Number or set and dua to the c	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A d. s contributing to dasth be	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in attent 3 □ DOA 4 28b. TIME (HUJU) — At home, farm, str. attent and/or investigation,	26. PLACE OF DEATH OTHER: OF 28c. INJURY AT WORK? 1 YES 2 NO reet, factory, office I at the time, data and place, and of the ime, data a	Check only one) a S Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stell us to the cause(a) and me time, date and place,	PIMED? 2 PMO INJURY OCCUR t and Number or set and dua to the c	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 296. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A d. s contributing to dasth be	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in atlent 3 □ DOA □ 28b. TIME in i	26. PLACE OF DEATH OTHER:	Check only one) a S Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stell us to the cause(a) and me time, date and place,	PIMED? 2 PMO INJURY OCCUR t and Number or set and dua to the c	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	

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DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)
JUL 0 5 1990 Jul

	1										
	1 - STATE REGISTRAR	STATE OF MA			CATE OF	DEATH AND I	MENTAL	HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH	NY.	YEAR 3.	TIME OF DEATH
	MILDRED AN	INA	BARTH	OLOME	W		JUNE	3	0 19	90	1035 p M
	4. SOCIAL SECURITY NUMBER	1	8. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE 0 (Month.	F BIRTH Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	189-09-9248	1 M 2 X F	74	YRS.	MONTHS DATE	HOURS MIN.	Aug.	1 11	915		sylvania
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUN	TY OF DEA	ГН
OR	NORTH ARUNDEL	HOSPIT	HOSPITAL GLEN BURNIE						ANNE	ARII	NDFI
5	RESIDENCE OF DECEDENT	NT TOOL TALL							2 11111		
DIRECTOR	10a. STATE 10b. COUNTY					TION				1 1	d. INSIDE CITY LIMITS?
	Pennsylvania North	numberlan	<u>d</u>	Su	nbury	1. ZIP CODE			T 40 01717		YES 2 NO
R					10						AI COONTHY?
FUNERAL	212 North 12th St					17801				SA	
3	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 X	MED O	If yes, s	CENDENT OF HISPAN ecify Cuban, Maxica	n, Puarto R		or No-	Black, V	American Indian, Vhita, atc.
Β¥	3 XWidowed 4 Divorced	IF YES, GIVE WA	A OR DATES		1 TYES	2 X NO Specify	/ :			Specify:	White
	15, DECEDENT'S EDUC	EATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BUS	SINESS/INDI	USTRY	***************************************
PLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Ma	ive kind of w Do NOT use	ork done during m retired.)	ost of working					
P	12th	None		useke	eper		Su	nburv	Comm	unity	Hospital
6	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				^	
	Paul	Н	offman			Jennie	M		Harri	S	
6	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural I	Route Numb	or, City or Tow	n, State, Zip	Code)	
F	Mrs. Barbara G. Oliver 5 Birwood Ct., Pasadena, Maryland 21122							<u> </u>			
	20a. METHOD OF DISPOSITION 1 N Burlai 2 Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State										
	4 Donestion 5 Other (Specify) Pomfret Manor Cemetery Sunbury, Pennsylvania						ylvania				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				NO ADDRESS OF FA					
	8. Harre 9	Lucking				ETON FUNE OND AVE.			N BIIR	NTE.	MD 21061
	23. PART I. Enter the diseases, or o										Approximate
	shock, or heert fellure. I IMMEDIATE CAUSE (Final	List only one caus	e on each line	0 1	2	-0	2				Interval Between Onset and Death
	disease or condition resulting in desth)	Nicken	me (and	mou	popala	4	٠			
	resulting in death)	DUE TO (OR AS A CONSE	OUENCE OF	= 0 (10-0	C				
z	Tanasana industria	(Mal	shoul	Se.	ant	forter	P				
임	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	: 01	7)	,				
S	CAUSE (Disease or Injury	Keno	1	$\langle \mathcal{M} \rangle$	ugu	une,	1				
붜	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF	00	(J				
CERTIFICATION	Tooling in county and	4									
	PART II. Other significant condition	s contributing to	death but not	resulting I	n the underlyli	ig ceuse given in	Part I.				ERE AUTOPSY FINDINGS
2								PERFOI		c	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AEC											☐ YES 2 ☐ NO
PHYSICIAN: MEDICAL							_				
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (Ch	eck only on	9)			
Sic	1 VES 2 NO	HOSPITAL:	ER/Outpetient	□ DOA	OTHER: 4 Nursing Ho	me 5 - Residence	6 🗆 Other	(Specify)			
Ŧ	27. MANNER OF DEATH	28a, DATE OF I		28b. TIMI		JURY AT ORK?	28d. DE\$	CRIBE HOW	NJURY OCC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be		INJURY — At he Mc. (Specify)	ome, farm, s	treet, factory, off	CB		ATION (Street or Town, State)		or Rural Roo	ite Number,
ETE	4 Homicide determined										
7	(Creck trily	CIAN: To the best of	my knowledge, d	eath occurre	ed et the time, dat	e and place, and due	to the cau	se(a) and ma	nner as stat	ed.	
COMPLETED	one) MEDICAL EXAMINE	R: On the basis of ax	amination and/or	Investigatio	n, in my opinion,	death occured at the	time, data	and place, a	nd due to th	e cause(a)	and menner at stated.
ш	290. SIGNATURE AND TITLE OF CERTIFIER	1	11/12			29c. LICENSE NU	MBER	/	29d, DATE	E SIGNED (acress, chap your
00	1 au	n	11	1		1136	25	6	•	1/2	170
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	Print)					1	1

OAKWOOD

RD

GLEN BURNIE

MD.21061

DHMH-16 Rev 1/89

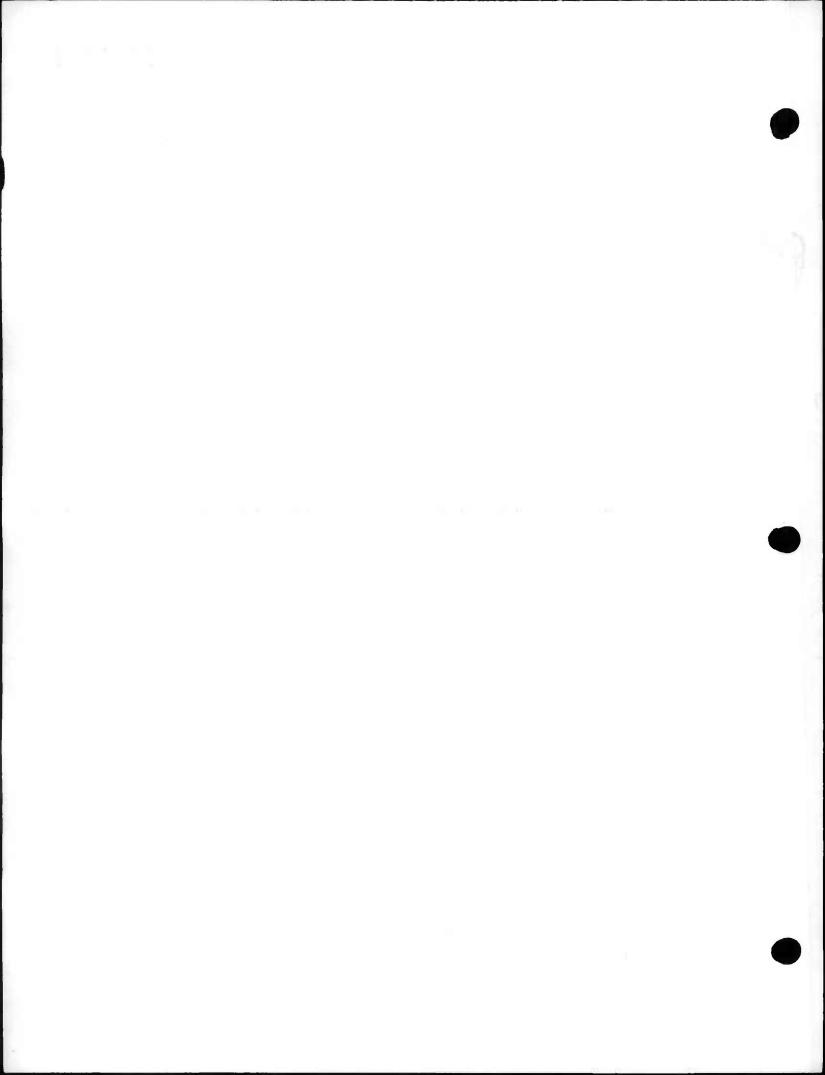
TO BE COMPLETED BY FUNERAL DIRECTOR

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li ector.		r must
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comprehen med in by the funeral director, bat		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
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Апе	death	E III
5	fter	80
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FUNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT
포	filed	POR
2	2	3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE
CERTIFICATE (OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.	E			
		. Carter				1990	M		
The same and the same of the s	□ M 2 🖄 F 84	YRS. MON		HOURS MIN.		906 6. BIF	RTHPLACE (State or Foreign unitry) Va		
	rive		Baltimo	ore —		30.00011101	, seam		
106. STATE 10b. COUNTY			timore				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
106. STREET AND NUMBER 3102 Presbury 107. ZIP CODE 108. CITIZEN OF WHAT C 21216 USA 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMEO 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yee of No									
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 X 100	If yes, spe		n, Puerto Rican, etc.)	Bi	ACE — American Indian, lack, White, etc. pecify: Black		
15. DECEOENT'S EOUCA' (Specify only highest grade co	riON mpleted) College (1-4 or 5+)	18e. DECEDENT'S USU. (Give kind of work of Me, Do NOT use reti	done during mo-		16b. KIND OF BUS	INESS/INDUSTR	,		
17. FATHER'S NAME (First, Middle, Last) William O. Ke	ent			Addie	ME (First, Middle, Maiden Taylor				
Jean West 20a. METHOD OF DISPOSITION	201		atarub	a Drive		n, State, Zip Code) CATION — City or	21207		
1 X Burisi 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	al from State	Druid Ri	dge Ce	metery D ADDRESS OF FA	Ва	ltimore			
> Weeke	Elmo F	the death Do not a	4300		sh Avenue	-eten, emet	LAmmoulmete		
shock, or heart fellure. List	disease or condition								
Sequantielly liet conditions, if any, leading to immedieta ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events reculting in death) LAST		CONSEQUENCE OF):							
PART II. Other significant conditions	contributing to death b	out not resulting in th	ne underlyln	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 . NO		
	HOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 6 □ Other (Specify)				
27. MANNER OF OEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ WC		28d. DESCRIBE HOW I	NJURY OCCURE			
3 Suicide 6 Could not be determined	3 Suicids 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State)						ral Route Number,		
one)	AN: To the best of my know On the basis of examination						se(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER	~?			29c. LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO	out 11	Bull	to me	171208	7				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NE THE							



use as the burial-transit permit. Pages 1, 2, 3 should attending physician. 8-15-90 Page 6 may be retained a be notified page 5 should Sum. director, examiner funeral

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203-3146

BALTIMORE, MAR

P.0.

DIVISION OF VITAL RECORDS,

filled in by the and completely fi to burial, cremation event, 1 traumatic prior to signed by the attending physician tealth and Mental Hygiene prior to certificate be requires that the death has been s Dept. of H HOSPITAL OR ATTENDING PHYSICIAN: The law After this certificate death with the State L DIRECTOR: A FUNERAL (within 72 h

other

6

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marked,

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28 Item 2

MPORTANT

31. DATE FILED (Month, 01990

THE F

2 2 3

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH REUBEN EDWARDS Donnor 11:38 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign N/A 1 M 2 | F DAYS June_ 199d 1990 Maryland 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Vrince DIRECTOR GOOKAGE Georges RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LUD 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20785 650 € 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. FORCES? If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 24 NO Specify: XXX Never Merried 2 Merried Specify: Black IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname BE Reuben Edwards TII 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RUD 2098 5 Shavone Conner 20s METHOD OF DISPOSITION

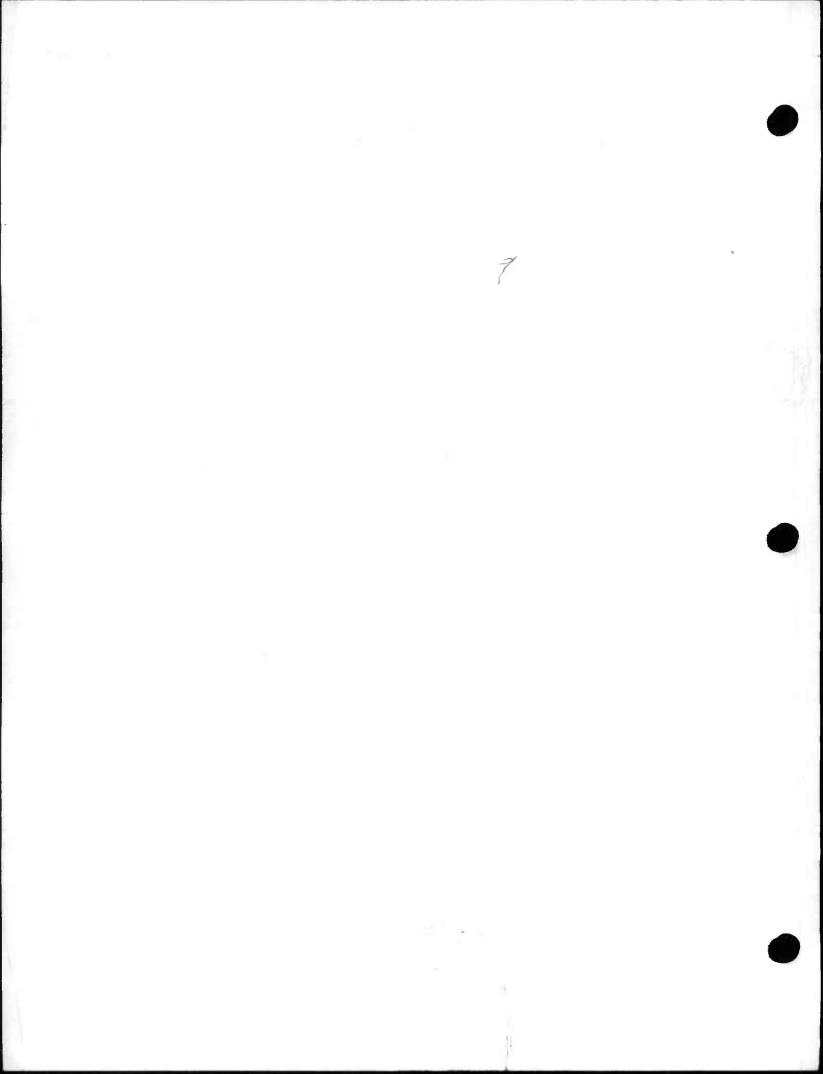
2. METHOD OF DISPOSITION

2. METHOD OF DISPOSITION

3. Removal from State

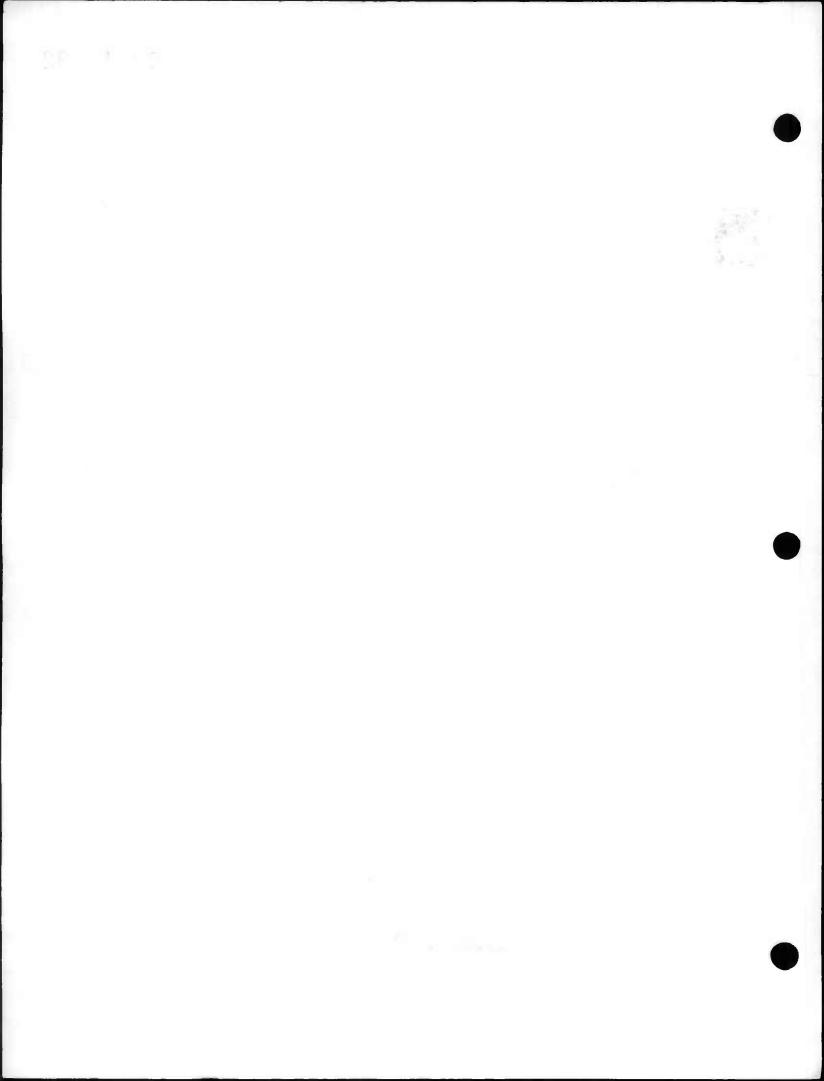
4. Donation 5. Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Memorial Park Landover, Maryland 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7474 Landover Rd. Landover, Maryland 20785 23. PART I. Enter the disease, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Fire! Interval Between Onset end Death diseese or condition Sovere resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If env. leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? TXXVES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) | Privide George 1 YES 2 NO lient 2 - ER/Outpetient 3 - DOA 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
There and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) end manner ea stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6 34229 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) priaid dow guis dandase apandase



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician; the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burinarism and completely filled in by the funeral director, page 5 should be detached for use as the burinarism and completely filled in by the funeral director.

		1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF H	EALTH AND	MENTAL	REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last) CALOGERA	KATIE		CARL	ОТТА		2. DATE MONTH JUN	of DEATH DAY	, 1990	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 213-03-3903	1 🗆 M 2 📈 F	6. AGE (In yrs. 89	lest birthday) YRS.	WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June	OF BIRTH 1, Day, Year) 16, 19	01 6	BIRTHPLACE (State or Foreign Country) Italy
-	NO.	9a. FACILITY NAME (If not institution, give s 4629 Kavon Ave. RESIDENCE OF DECEDENT	reet and number)				re 2121			9c. COUNTY	OF DEATH
		Maryland 10b. country	r			, TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 VES 2 NO
36	ER	1502 Burnwood Roa	d				21239			10g. CITIZEN	OF WHAT COUNTRY?
	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 25		if yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specifi	an, Puarto F		or No 14.	RACE American Indian, Black, Whita, atc. Specify: White
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			(Give kind of a life. Do NOT us	- "."	st of working			INESS/INDUST	RY
at once.		17. FATHER'S NAME (First, Middle, Last)	Cad	18. MOTHER'S NAME (First, Middle					Middle, Maiden		
notified a	TO BE	Calogero 19a. INFORMANT'S NAME (Type/Print) Pauline J. LaPagl		anese		as #10a	and Number or Rural	afin Route Numb			nanno ^{de)}
8		20a. METHOD OF DISPOSITION 1		20b. PLA other MOS	CE OF DISPOS	SITION (Name of ce		90		to., M	or Town, Stata aryland
al. examiner must		Ernest L. Fei	st III			22. NAME A	rd J. Ru Harford	ACILITY			
cremation, or remove went, the medical		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Oc		rati	c (9)		ch aa card	diec or respi	ratory erreat	, Approximate Interval Batween Onset and Death
and Mental Hygiene prior to burial, cremation, or removal y injury, or other traumatic event, the medical or	CERTIFICATION	Sequentially list conditions, if enry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
	MEDICAL	PART II. Other significent condition	is contributing to	death but no	ot resulting	in the underlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State Dept item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FR/Outpatient	3 [] DOA	OTHER:	LACE OF DEATH (Co				
rked, or		27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF (Month, De	INJURY	28b. TIN	IE OF 26c. IN.	IURY AT ORK? YES 2 NO			NJURY OCCUR	ED
28 is ma	ETED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide datarmined	28a. PLACE Of building,	F INJURY — At atc. (Specify)	t home, farm,	atreet, factory, offic	a		ATION (Street a or Town, State)	and Number or I	Rural Route Number,
filed within 72 hours after death with the State Dept. of Health IPORTANT: If item 28 is marked, or item 23 shows an	COMPLE	CONSTRUCTION -	ICIAN: To the best of ER: On the basis of ax								ause(a) and manner as stated.
be filed within	H	29b. SIGNATURE AND TITLE OF CERTIFIE	loua C	2. Va	meh	mo	29c. LICENSE NU	MBER 38	/	29d. OATE SI	GNEO (Month, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WHEN VICTORIA A.	Vanik, M.	D.	Br	ehms Lar	e Medio	cal C	enter,	Balto	. Md.
		JUL 0 3 19	90 32. RIGISTRA	Devido	Nones						



BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital of afterning physician.	ed in by the funeral director, page 5 should be detached for construction burner ransit permit. Pages 1, 2, 3 sh or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital of attention	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the first permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

CORAZON

VERBARA

1990

SOMES

32. REGISTRAR'S SIGNATURE

Savidson Bands

									70	180	33
	1 - FOR STATE REGISTRAR	ATE OF MARYLAND /	DEPARTM ERTIFICA			MENTA	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		YEAR 3.	TIME OF DEATH	
	ALEXANDER	CONPAD				14			190	11:07	PM
	4. SOCIAL SECURITY NUMBER 5, SEX	X B. AGE (In yrs. last	77	UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		. BIRTHPLA	ACE (State or Fore	ign
	212010989 18	M2 □ F 96	YRS. MON	THS DAYS	HOURE MIN.		Day, Year)	4 1	Country)	more 1	MD
	9a. FACILITY NAME (If not institution, give street and	I number)	9b.	CITY, TOWN C	R LOCATION OF	DEATH		9c. COUNT	Y OF DEAT		
DIRECTOR	Merelian Keath	coase Hami	lton	Bal	timor	<u> </u>		Ci	7		
Ä	10a, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10	d. INSIDE CITY LIMITS?	
ā	MARYLAND		BALT	IMORE						YES 2 N	10
AL	10e. STREET AND NUMBER			10f	. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?	
FUNERAL	2819 CHESTERFIELD AV	VENUE			21213			USA	1		
5	50	AS DECEDENT EVER IN U.S. AR		13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN	? (Specify Yes	or No- 1	I. RACE -	American Indian	1,
BY		ORCES? 1 TYES 2 XN YES, GIYE WAR OR DATES	VO.		ecity Cuban, Maxi 2 NO Spec		ilcan, etc.)		Specify:	NHI+	E
ED	15. DECEDENT'S EDUCATION	18a, DE	CEDENT'S USU	AL OCCUPATION	ON .	18b	KIND OF BUS	SINESS/INDU	STRY		
Ш	(Specify only highest grade complete Elementary/Secondary (0-12) Colle		ive kind of work Do NOT use ret	done during mo ired.)	st of working	1					
립	12		RESSMAI	N			PRINT	ING			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	2			16. MOTHER'S I	NAME (First, I	Aiddle, Maiden	Surrame)			
	HENRY (DNRAD			F	mm	A N	OBBE			
BE (19a. INFORMANT'S NAME (Type/Print)	198	b. MAILING ADD	ORESS (Street a	nd Number or Run	I Route Numi	er, City or Tow	n, State, Zip C	ode)		
2	CALVIN CONRAD		2819 CI	HESTER	FIELD A	VENUE	BALTI	MORE.	MD.	21213	
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Removal fro	20b. PLACE	OF DISPOSITIO	N (Name of cer	netery, crematory o	,	20c. LO	CATION — CI	ly or Town,	Steta	
1 Burlel 2 XCremation 3 Removel from State Other place) 4 Donetion 5 Other (Specify) BALTIMOR							ORE.	MD.			
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	0		22. NAME A	D ADDRESS OF	FACILITY	-				
	> Sohn & Jolo	и			PEL FUNI				100	01006	
-	23. PART/I. Enter the diseases, or compile	- 1	oth Do and		O BELAII						
	ahock, or heart failure. List on	nly one cause on each line	ath. Do not (i.	entar tha mo	da ot dying, si	JCN as card	liac or reapi	retory arres	it,	Approximat	tween
ı	IMMEDIATE CAUSE (Final disease or condition	0.								Onset and	Death
	resulting In death) a	Treumonia								-	
		DUE TO (OR AS A CONSEC	OUENCE OF):								
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR AS A CONSEC	OUENCE OF:								
F	If sny, leading to immediata cause. Enter UNDERLYING	DOL TO CONTROL OUTGE	OULIVOE OF J.							İ	
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	OUENCE OF):							1	
E	resulting in death) LAST										
8	d										
4	PART II. Other algnificant conditions cont					in Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FIN	
)C	ASCUD à poul	pheral vara	ular.	Dulan	1		1 TYES 2		CC	MPLETION OF CA	
Ä	Dementila									YES 2 N	0
-											
₹	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Check only or	ne)				
PHYSICIAN: MEDICAL		SPITAL: npatient 2 - ER/Outpatient 3	DOA 4	Nursing Hom	e 5 🗆 Residenc	e a 🗆 Othe	r (Specify)				
Ŧ	27. MANNER OF DEATH 2	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ	URY AT	_	CRIBE HOW I	NJURY OCCU	RED		
ВУР	1 Natural 8 Pending 2 Accident Investigation	(MONIN, Day, 1689)	YRULNI		YES 2 NO						
	T Accident	28a. PLACE OF INJURY — At he building, etc. (Specify)	oma, farm, stree	t, factory, offic	•		ATION (Street		r Rurai Rout	e Number,	
COMPLETED	4 Homicide detarmined	_ anang, and (apoony)				City	or Town, State)				
1	290. CERTIFIER 1 CERTIFYING PHYSICIAN: TO	To the best of my knowledge, de	eath occurred at	t the time, deta	and place, and d	us to the car	se(a) and ma	Ther as state	1.		
ME	(Check only one) 2 MEDICAL EXAMINER: On the									nd menner as sta	ated.
	29b, SIGNATURE AND TITLE OF CARITIFIER										
BE	Buyarinany	MO			29c. LICENSE N			DATE	DIGNED (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMP		M 27) (Tuna Pris	263				Alle	7 7		_
	I	OF DEATH (ITE	willisher Lui	"/				0			

N. BKOADWAY

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BALT. MO. 21231

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Page	100		ner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained I	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should,		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
after	y the	DOVA	Ca Ca
SIL	디	ren	ed
OL +	Pall	n, 0	E
in 2	sly fi	atio	=
d with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
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exe	n an	9	EE
e pe	sicia	nior	ţ
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cert	ding	Hygir	10
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AR	as be	ept.	23
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F	Ē	h wi	arke
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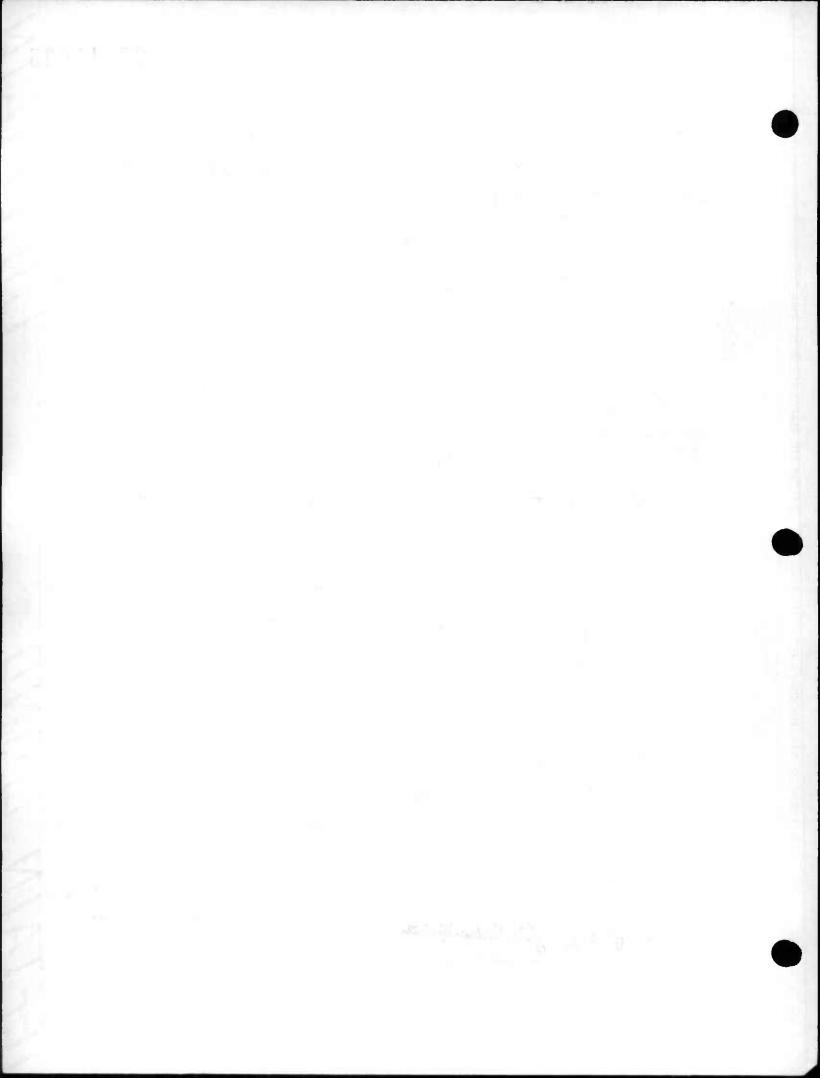
	FOR STATE OF MARYLAND - STATE OF MARYLAND				ALTH AND DEATH	MEN	TAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Martin C. Castle					M	NATE OF DEATH DAY	199	YEAR	3. TIME OF DEATH 2:30 A.	м
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 214-03-2117 1 🔀 M 2 🗆 F 88	B YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					ATE OF BIRTH Month, Day, Year) 10/1/01		Country	PLACE (State or Foreign aryland	gn
OR	99. FACILITY NAME (If not Institution, give street and number) Saint Joseph's Nursing Home				ville,	MI	D	Balt			
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c. CIT	Y, TOWN OF	R LOCATIO						10d. INSIDE CITY LIMITS?	
	Maryland Baltimore				Balti	imo	re			1 TES 2 NO	0
FUNERAL	100. STREET AND NUMBER 4224 Kolb Avenue			10f.	ZIP CODE	212	06	-	ISA	HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?	JNO	11	yes, spec	NDENT OF HISPA city Cuben, Mexic 2 WO Spec	an, Pu	RIGIN? (Specify Yee or arto Rican, etc.)	or No—	4. RACE Black, Specify	- American Indien, White, etc. White	
MOTED	(Specify only highest grade completed)	DECEDENT'S (Give kind of life. Do NOT u	work done di	uring most	of working achinist	t I	16b. KIND OF BUSI	NESS/INDU	STRY		
BIS COM	17. FATHER'S NAME (First, Middle, Lost) Martin Castle				18. MOTHER'S N		irst, Middle, Maiden S zabeth S)		
TO B	19e. INFORMANT'S NAME (TyperPrint) 19e. MAILING ADDRESS (Street and Number or Aural Acute Number, City or Town, State, Zip Code) 1222 Tugwell Drive / Catonsville, MD 21228										
	1 0 Buriel 2 Cremation 3 Removal from State other 4 Donation 5 Other (Specify) HO	place)	s Cer	m.	etery, crematory or $7/2/70$		Bro			_{wn, State} aryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J. Kr	night J	ır.		rd J. R		' 2 :, Inc.	1214 5 305	5 Ha	rford Rd	
	23. PART i. Enter the disesses, or complications that caused the shock, or heart failure. List only one cause on each if iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS LOCAL)	ne.					cardisc or respir		st,	Approximate intervsi Bet Onset and I	ween
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? Completion of Cause of DEATH? 1 YES 2 NO 1 YES 2 NO										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpetlent	2 🗆 004	OTHER	t:	ACE OF DEATH (C	-	SERVICES.				\neg
NH'S	27. MANNER OF DEATH 28a. DATE OF INJURY (Month. Day, Year)	28b. Til		28c. INJU WOF	FRY AT	_	. DESCRIBE HOW IN	LIURY OCC	URED		
ВУ	1 Natural 5 Pending 2 Accident Investigation		М	1 🗌 Y	ES 2 NO	-	LOCATION (Course	and Marian	- Duret C		
TED	3 Suicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and) end manner as sta	ted.
BE	250. SIGNATURE INTO TITLE OF CERTIFIER AND AND A	125	MA	9	29c. LICENSE M					(Month, Day, Year)	
5	30. NAME ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	SEM 27) (Typ	s, Print)							/	
	2 DATE FILED (M) 10 Poy, 10-13 1990 32. 4 10 10 10 10 10 10 10 10 10 10 10 10 10	- November									

ADDITION TO BE

transit permit. Pages 1, 2, 3 should

FOR

	1 - STATE OF MARYLAND REGISTRAR	DEPARTM			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) MARY AGNES CLAR	K			2. OATE OF DEATH	"/ 9"	3. TIME OF CEATH 2:10AM			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 2 2 0 6 8 6 1 M 2 1 7	last birthday) IF t	UNDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	6. E	HATTHPLACE (State or Foreign Jounty) Maryland			
OR	98. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSY			IMOR	ATH	9c. COUNTY				
ECT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
PIG	Maryland 10e. STREET AND NUMBER	Balt	timore				1 💢 YES 2 🗌 NO			
FUNERAL DIRECTOR	2608 Gibbons Ave.		101.	21214		U.S.	OF WHAT COUNTRY?			
FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED X NO	If yes, spe		NC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, Whits, etc. Specify: hite			
THE PERSON	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Y \(\chi \)S	Give kind of work of the Do NOT use reti	NT'S USUAL OCCUPATION d of work done during most of working OT use retired.)							
соми	17. FATHER'S NAME (First, Middle, Last)	Homemake			ME (First, Middle, Maiden					
BE	Thomas M. Dolan	10h MAU INC ADD	DESS (Stands)	Cather	ine T. H	amiltor				
٥	John O. Clark				Ito., Md.		0)			
	1 Y Buriel 2 Cremetion 3 Removal from State Othe	CE OF DISPOSITION (WOOD CEME)				cation — chy				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather ROY H. Cather		22. NAME AN	D ADDRESS OF FA	CILITY		,Balto.,Md. 21214			
	23. PART I. Enter the disease, or complications that caused the shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Perparation of the parameter of the parame	deeth. Do not elline.	Acia	de of dying, auc	h ea cerdiec or reepi					
CERTIFICATION	Sequentielly liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEQUENCE OF):	clery	g Di	ease		415			
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to deeth but no Diabetes Mellitus	PERFOR	1							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
HYS	1 ☐ YES 2 ☑ NO 1 ☑ Inpatient 2 ☐ ER/Outpetient 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year)		Nursing Home	JRY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCUR	ED			
BYF	1 Netural 5 Pending 2 Accident Investigation		M 1 🗆 Y	ES 2 NO	204 LOCATION (Comme	and Marshau as C	Design Marshar			
TED	3 Suicide e Could not be 4 Homicide datarmined	t florie, larifi, etrae	t, motory, office		261. LOCATION (Street City or Town, State)	and Number of P	urai route number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and						use(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M.D		29c. LICENSE NUI		> 7	GNED (Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH OF MAHADUD SAR MINI. GOOD	ITEM 27) (Type, Prin	0	Horn	5601 Lon	h Rav	en Rhed			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH OF MAHADUD SAR MINI. GOOD ST. DATE FILEDWATH, Dr. 13/1/1990 3 THE FILEDWATH, Dr. 13/1/1990 3 THE FILEDWATH OF THE STANDARD OF THE PROPERTY OF THE	Market Con	A. CENT	1103/11	2401					



her or use as the burial-transit permit. Pages 1, 2, 3 should suttending physician. MAND 21203-3146 BALTIMORE, WA DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA				REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	BERTHA	CAI			2. DATE OF	DEATH DAY	1990	
	JEAN 4. SOCIAL SECURITY NUMBER 5.		In yrs. last birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	JULY 7. DATE OF I	BIRTH	6, BIR	THPLACE (State or Foreign
	219-18-6685	☐ M 2 🖔 F	65 YRS. MONT	1.1	HOURS MIN.	(Month, Da Sept.		24 Ma	ryland
۱ ـ	9a. FACILITY NAME (If not institution, give street	and number) 301		CITY, TOWN O	R LOCATION OF DE		1	9c. COUNTY OF	
UNECTOR	NORTH ARUNDEL HO	SPITAL	DRIVE	GLE	N BURNI	E		ANNE	ARUNDEL
ž	10a. STATE 10b. COUNTY		10c. CITY, 101		ON	-			10d, INSIDE CITY LIMITS?
	Maryland Anne	Arundel	Sev		ZIP CODE		1.	10a CITIZEN O	1 ☐ YES 2 💢 NO WHAT COUNTRY?
LINAL	8001 Hasting Hunt	Court		101	21144			USA	MIAI COOKIAN
L L	11. MARITAL STATUS	P. WAS DECEDENT EVER IF			ENDENT OF HISPA!			No- 14, RA	CE — American Indian, ack, White, etc.
	1 Naver Married 2 Married 3 X Widowed 4 Olvorced	IF YES, GIVE WAR OR D			2 X NO Specif		11, 610.)	0.00	ecHy: White
- 1	15, DECEDENT'S EDUCAT	ION	16a. DECEDENT'S USW	L OCCUPATIO	N	16b. KIP	ND OF BUSIN	IESS/INDUSTRY	
		College (1-4 or 5 +)	(Give kind of work of life. Do NOT use retir						
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)	None	Claims Ad	juster	18. MOTHER'S NA			l Casua	1ty
	Charles		Tarun		Mary	ME (FIRST, MICO	ne, marden Su	McMan	us
0 00	19a. INFORMANT'S NAME (Type/Print)			RESS (Street a	nd Number or Rural	Route Number,	City or Town,	State, Zip Code)	
-	Mary Cain		Same						
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State	other place) Loudon Parl	P. C. C. V. S. C.	The man of the		100	TION — City or	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AN	D ADDRESS OF FA	CILITY		more,	Haryrand
	PHY Noteon	Zunl	٦		ETON FUN			RIIRNTE	, MD. 21061
23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock; or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								alien	interval Between Onset and Death
¥	PART II. Other significant conditions of	contributing to death b	out not resulting in th	e underlying	cause given in	7,000	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDI					-	-			1 TES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL		-		ACE OF DEATH (C/	neck only one)			
201	1 TYES 2 NO 1	IOSPITAL: Inpetient 2 - ER/Out		HER: Nursing Hom	e 5 🗆 Residence	6 Other (S	(pecify)		
	27. MANNER OF CEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT PIK? (ES 2 NO	28d. DESCR	IBE HOW INJ	JURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, street	, factory, offic	•		ON (Street and Town, State)	d Number or Rur	al Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONE) 2 MEDICAL EXAMINER:	AN: To the best of my know On the bests of examination							e(a) and manner as stated.
פרכ	296. SIGNATURE AND TITLE OF CENTIFIER	01			29c. LICENSE NU	MBER		29d. DATE SIGN	IEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO							- /	410
	DR.G.F. ROBBINS 31. DATE FILED (Month, Day, Year)	22 DECISTRAD'S SICE	RAIN HIG	HWAY	GLEN I	BURNI	E MC	21	061
1	UL 0 3 1990 Fiche Su	32. REGISTRAR'S SIGN	TOTAL						

BALTIMORE, MARYL

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be realished by the attending physician and completely filled in by the funeral director, page 5 should be detacted to fill the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STATE REGISTR	AR
Ι.	_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH	YEAR	3. TIME OF DEATH
Oliver		Duni	n	10000	29-90	TOAN	9:35AM M
5 6 7 - 28 - 7 2 5 9			F UNDER 1 YEAR IF UNDER 24 HR DAYS HOURS MIN	(Mont	of BIRTH h, Day, Year) -1-24	Coun	KANSAS
Da. FACILITY NAME (If not institution, give str		9	b. CITY, TOWN OR LOCATION OF		9c.	COUNTY OF	DEATH
922 Rutland Avenu	1e		Baltimore	City			
De. STATE 10b. COUNTY			TIMORE, CIT	Y			10d. thSIDE CITY LIMITS? X YES 2 \(\) NO
00. STREET AND NUMBER 922 RUTLAND AV	Ε.	•	101. ZIP CODE 2120	5	10g	CITIZEN OF	WHAT COUNTRY?
1. MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2)(_)(NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO Sp	xican, Puerto		Blac	CE — American Indian, ck, Whita, atc.
15. DECEOENT'S EDUC (Specify only highest grade of	ATION Completed	16e. DECEDENT'S US	BUAL OCCUPATION	168	. KINO OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	MERCHAI	k done during most of working etired.)				
7. FATHER'S NAME (First, Middle, Last) UNKNOWN				NAME (First. KNOWN	Middle, Maiden Surna	me)	
ALBERTA COLL	INS		DDRESS (Street and Number or Ru S . ABINGTON				MD. 2122
Da. METHOD OF DISPOSITION Burial 2	oval from State	b. PLACE OF DISPOSITE	ION (Name of cemetery, crematory E CEMETERY	or		I MOR	Town, State E, MD.
I. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF	FFACILITY			,
· 40.0	2 (1))	WM.C. MARC	нен	1101	F N	OPTH AVE
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):					
	j						
Chronic obstruct				in Part I.	24a. WAS AN AUTO PERFORMED 1 X X ES 2 D HEAD ON	7	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF 06ATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL		-	26. PLACE OF DEATH	(Check only o	nne)		
EXAMINER?	HOSPITAL:		OTHER:				
7. MANNER OF DEATH XXXIII 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJURY AT	28d. DE	SCRIBE HOW INJUR	Y OCCURED	
2 Accident 3 Suicide 6 Could not be datarmined	Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office 26l. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
(Crieck Only			at the time, date and place, and				o(a) and manner as stated.
9b. SIGNATURE AND TITLE OF CERTIFIE	melhel	l	29c. LICENSE	NUMBER ME	290		ED (Month, Day, Year) 0-90
0. NAME AND AODRESS OF PERSON WHO MARGARITA A. KO	RELL, MD	1	11 Penn Stree	t,Bal	timore,MI	2120	1
1. OATE FILED (MONTH OF YOU) Julia	De Parent Hande						

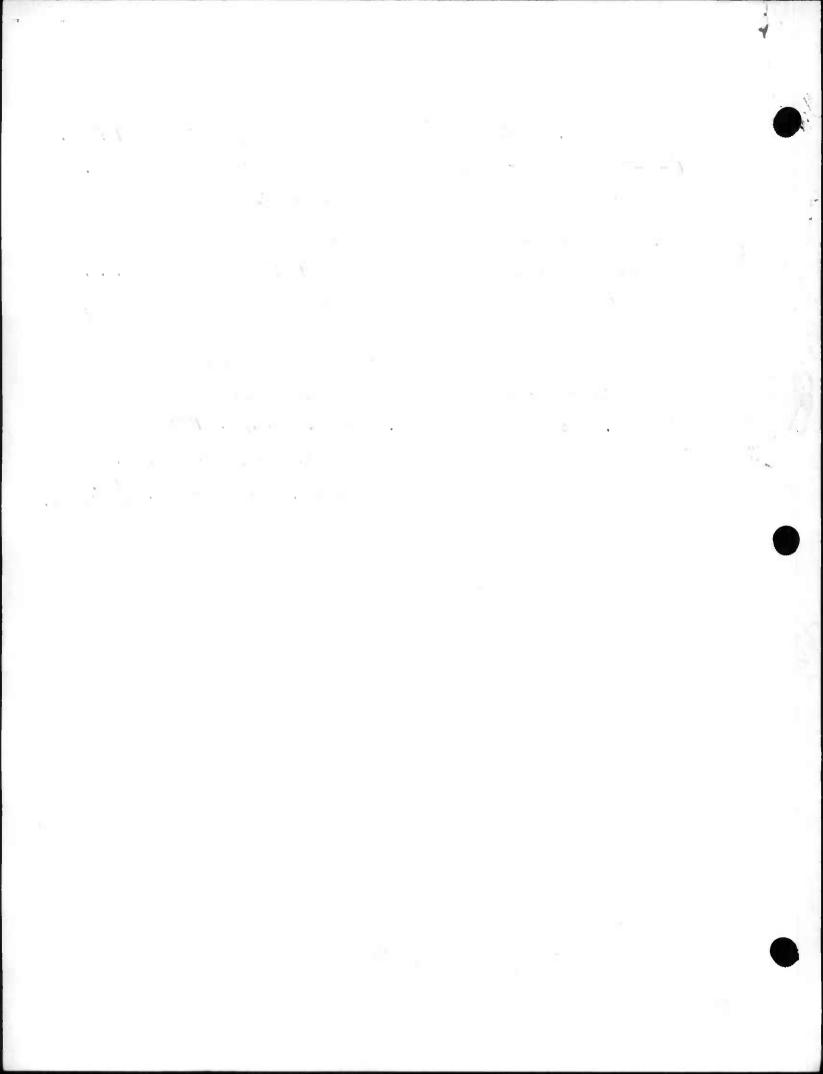
DHMH-16 Rev 1/89

BALTIMORE, page 6 may be considered for use as the burial-transit permit. Pages 1, 2, 3 should n by the funeral director, page considered for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDED DIVISION The law conjugation than death configure to asserted within

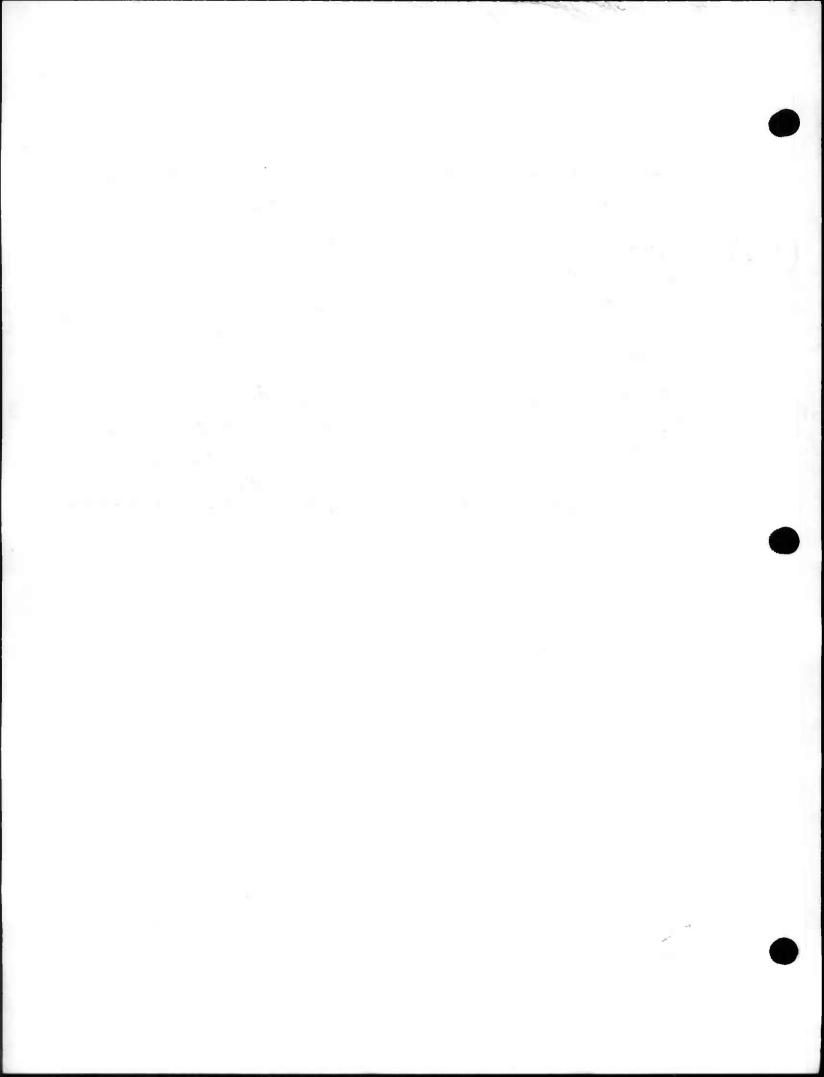
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be received to the control of the c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	A	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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108	N	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	AN
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT O			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Margare	. 111	Dasch		6				2. DATE O	OF DEATH		YEAR	3. TIME OF DEATH
:	4. SOCIAL SECURITY NUMB 214-20-3268	ER	5. SEX 1 M 2 F	6. AGE (In yrs. Ias	t birthday) YRS.	IF UNDER 1 YE MONTHS DA		ER 24 HRS.	7. DATE C				HPLACE (State or Foreign n)
TOR	9a. FACILITY NAME (If not in:	Eaton	_			9b. CITY, ТО	on local Baltin		-		9c. COUNT	TY OF D	DEATH
DIRECTOR	10a. STATE	10b. COUNTY	Y		10c. Cl7	Baltin							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	100. STREET AND NUMBER 700 South	atan (Street			David	10f. ZIP CO	DE 2/224			10g. CITIZ		WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divo	Married	12. WAS DECEDED FORCES?	IT EVER IN U.S. AF		MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No.— 14. RACE —					E — American Indian, ik, White, atc.		
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU r highest grade	CATION completed) College (1-4 or 5	(G	ive kind of Do NOT u	work done during retired.)	PATION g most of wor	king		KIND OF BUS			L
BE CON	17. FATHER'S NAME (FIRST, M. George Ri		Heyman						ME (First, M ilton	liddle, Maiden	Surnama)		
TO B	19a. INFORMANT'S NAME (Tharles (h	19	5. MAILING 700 .	S. Eate	on St.	Bal	Route Numb	er, City or Tow d. 21	n, State, Zip (224	Code)	
	20a. METHOD OF DISPOSITE 1 XG Burlal 2 Crematic 4 Donation 5 Other	n 3 🗆 Ram	oval from Stata	other of	lanal	eart o			meter		cation — c		1
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE D. Ze	Iten		Cha	ie and addi	S. Z	eiler	& Soi	n Inc	90	01 S. onkling St.
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fellure.	List only one ca		2.	not enter the	mode of o	lying, aud		lac or respi			Approximata intarvai Between Onset and Death
CERTIFICATION	Sequentially list condit if eny, leeding to imme cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diete ING Iry	b. DUE TO	O (OR AS A CONSE	QUENCE (OF):							
MEDICAL	PART II. Other algoritics	A 1	ns contributing to	1	_	In the under	lying cause	given in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatient	B DOA	OTHER:	8. PLACE OF						-
ву рну													
	2 - Notice -	Could not be determined	28e. PLACE building	OF INJURY — At hi i, etc. (Specify)	ome, farm,	street, factory,	office			ATION (Street or Town, State,		or Rural	Route Number,
COMPLET	onel -		ER: On the basis of										(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE	of CERTIFIE	154	mr)		29c. L	ICENSE NU	IMBER) G 2		29d. DATE	SIGNE	O (Month, Day, Year)
	30 NAME AND ADDRESS O	E DEDCOM WIL	IO COMPLETED AN	ICE OF DEATH OT	284 075 /E-	- Orient							



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DINOUE C		ff Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Daubi	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IS all
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	FOR STATE REGISTRAR	STATE OF M			MENT OF H	EALTH AND I	MENTAL	HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH DAY	YEA		AE OF DEATN
	Bernard			Deave	ŕ			29-90	12		45PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	MO	UNDER 1 YEAR	IF UNDER 24 HRS, HOURE MIN.	(Month	Day, Year)	C	ountry)	(State or Foreign
	213-60-3222	1 M 2 D F	5/	YRS.				28-19		- 11	LAND
cc	9a. FACILITY NAME (If not institution, give s	,		96		R LOCATION OF DE			9c. COUNTY (OF DEATH	
읝	101 S. Dean Stre	et			Balt	imore Ci	Lty				
DIRECTOR	10e. STATE 10b. COUNT	Υ			OWN OR LOCAT						NSIDE CITY JMITS?
	MARVLAND 10e, STREET AND NUMBER			BAL	TIMO	RE ZIP CODE					XES 2 NO
RÁI	100. STREET AND NUMBER	1 ST			101	212	3/		10g. CITIZEN	SA	
FUNERÁL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	IMED	13. WAS DEC	ENDENT OF HISPAN	, ,	7 (Specify Yea	or No 14. I	RACE — Arr	nerican Indian.
	1 Never Married 2 Married	FORCES? 1	MAR OR DATES	NO NO	If yes, sp	2 NO Specify	in, Puarto P	lican, atc.)		Black, White Specify:	a, atc.
ВУ	3 Widowed 4 Divorced					-			-	W.	HITE
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G		done during mo		16b.	KIND OF BUS	INESS/INDUSTI	RY	
ة	Elementary/Secondary (0-12)	College (1-4 or 5	+)			SALES	.				
COMPL	17. FATHER'S NAME (First, Middle, Last)		MEL	VSFA	6/1	18. MOTNER'S NA	ME (First, A	fiddle, Maiden S	Sumame)		
ш	AMOS DEA	WER				THERE	THE	HIL	TL		
10 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	Company of the Company	and Number or Rural	Route Numb	er, City or Town	, State, Zip Cod	9)	/
-	CLAYTON DE	FAVER		3 Mc	KENN			4410		234	
	20s. METNOD OF DISPOSITION 1 Burtal 2 Cremation 3 Ram	oval from Stata	_other pi	(ace)		CEM	,	20c. LOC	ATION — City	or Town, St	ata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A	6/10	EEIVIV	10UNT	ID ADDRESS OF FA	CILITY	DA	20		
	FO. det	1 1	, 200	0	LILL Y	1+ZE11	LER	INC			/
	23. PART I. Enter the diseese, or	complications the	of caused the de	ath Do not	VYO!	EASTER			BALT		/ZS/ Approximete
	ehock or heert fellure.				enter the mc	de or dying, suc	ai ee ceic	nec or respir	atory arrest,		interval Between Onset end Death
	iMMEDIATE CAUSE (Finel disease or condition	. Arteri	ogglovo:	tia an	rdious	raular d	icosc	.0			Oliset end Death
	reculting in death)		OR AS A CONSE		LULOVA	SCUIAL G.	LSeas			1	
z		b									
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE OF):							
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	cDUE TO	O (OR AS A CONSE	OUENCE OF):							
F	resulting in deeth) LAST	d.									
	PART ii. Other significent condition	ne contribution to	a death but not	requiting in	the underlyin	a cause alven in	Dart i	24a. WAS AN	ALITOREY	245 WEDE	AUTOPSY FINDINGS
CAL	TATT II. Otto Significant Contactor	- continuenting to	J deeth but not	resulting in	ine underrym	g couse given in	realt i.	PERFOR	MED?	AVAIL	ABLE PRIDE TO PLETION DE CAUSE
MEDIC							- 1	INSPEX			EATH? YES 2)\(\)\(\)\(\)\(\)\(\)\(\)
Ξ.							—	INSER	TION	, [150 sV-Viio
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C)	heck only or	10)			
SIC	YES 2 NO	HOSPITAL:	☐ ER/Outpetlant		THER: Nursing Non	ne 5 A Rasidenca	6 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE O (Month,	F INJURY Day, Year)	28b. TIME O	Y W	JURY AT ORK?	28d. DES	CRIBE NOW II	NJURY OCCUR	ED	
BY	1) Matural 5 Pending 2 Accident Investigation	DO- DI AOE	OF IN HIPY As I			YES 2 NO		ATION (0)			
0	3 Suicide 6 Could not be 4 Nomicide determined	building	OF INJURY — At h i, etc. (Specify)	ome, rarm, stre	et, ractory, orne	:8	City	or Town, State)	ind Number or F	IUrai Houte N	iumper,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, d	anth assumed	nt the time det	and alone and du	a do dha an		ner en steted		
MP	(Check only one) 2 MEDICAL EXAMIN									use(a) and	manner as stated.
	29b. SIGNATURE AND TITUE OF CENTURE	1///				29c. LICENSE NU			29d. DATE SI		
BE	16/1	7/				OCME				5-30-	
2	30 NAME AND ADDRESS OF PERSON W		USE OF DEATH (IT				2		04001		
	Frank Peretti,M			111	Penn S	treet,Ba	1tımc	ore,MD	21201		VC
	31. DATE FILED (Month, Day, Year)	Funz Davids	AR'S SIGNATURE	4							
	JUL 3 1990 g	multi muldo						-			DHMH-16 Rev 1/8



IMPORTANT: It from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAF Certif	RTMENT	OF HEAD	TH AND	MENTAL	HYGIEN REG. NO.	E			
i	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	DA	Y 10	90	3. TIME OF DEATH	
1	RUDY MAR		DIETRICH AGE (In yrs. lest birthdey)	# UNDER	1 YEAR IF	INDER 24 HRS.	JULY 7. DATE O	E BIRTH	19	8. BISTH	10:20 A M IPLACE (State or Foreign	
;	218-16-4337	1 🗆 M 2 🔀 F	66 YRS.	MONTHS		JRS MIN.	(Month,	Day, Year)	1924	Per	insylvania	
_	90. FACILITY NAME (If not institution, give s Franklin Square t				town on Lo	CATION OF D		,	9c. COUNTY OF DEATH			
ė l	RESIDENCE OF DECEDENT	iospitat		KUS	eauce				Baltimore			
HE I	10e. STATE 10b. COUNTY			.,	R LOCATION				10d. INSIDE CITY LIMITS?			
ה ה	Maryland Balts 100. STREET AND NUMBER		1 Ди	ndalk	101. ZIP	COOE			10g. CIT	IZEN OF V	1 YES 2 NO WHAT COUNTRY?	
FUNERAL DIRECTOR	7839 St. Clare La					21222					States	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or if yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:							or No—		E — American Indien, k, White, atc. ^{Ily:} White		
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	Work done	CCUPATION during most of	working	16b.	KIND OF BU	SINESS/INI	DUSTRY		
COMPLETED	NOT KNOWN	College (1-4 or 5+)	Emplo!				Fa	ctory	Work	2		
O	17. FATHER'S NAME (First, Middle, Lest)					MOTHER'S N						
BE	Addis Michael 19a. INFORMANT'S NAME (Type/Print)		19h MAII IN	G ADDRESS	S (Street and N	Bessie				n Cortel		
임	Eugene D. Dietric	_h			Clare						22	
	20a. METHOD OF DISPOSITION 11/2 Burlal 2 Cremetion 3 Rem	oval from State	Blooming					20c. LO	CATION —	City or To	own, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	T to containing.								lk, Inc.	
	DCDY 1	P. Con	de	. 7	922 W	ise Au	enue i	Balto	, Mo	i. 21	222	
CERTIFICATION	23. PART i. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentiely liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Chronic DUE TO (OI OUE TO (OI		e Pu		25					Approximate interval Between Onset end Deeth	
CEH	resulting in death) LAST	d										
CAL	Congestive Hear		eath but not resulting	in the ur	nderlying ca	use given i	n Part i.	PERFO	RMED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDI							_	- CALLO			OF DEATH? 1 XYES 2 NO	
Y AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (Check only on	8)				
YSIC	EXAMINER? 1 YES 2 X NO		R/Outpatient 3 DOA	1	rsing Home 5		_					
	27. MANNER OF CEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY 28b. Ti	ME OF JURY M	28c. INJURY WORK? 1 YES	AT 2 NO	28d. DE\$	CRIBE HOW	INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF I building, etc	NJURY — At home, farm c. (Specify)	, street, fac	tory, office		281. LOCA City of	ATION (Street or Town, State	and Numbe)	er or Rural	Route Number,	
COMPLETED	(Crieck brilly		y knowledge, death occu mination end/or investigat			•					s) end menner ee stated.	
TO BE (29b. SIGNATURE AND TOTAL OF CERTIFIE	tang	OF OEATN (ITEM 27) (Ty	no Onine)	29	c. LICENSE N	UMBER		29d. DA	7/0	D (Month, Day, Year)	
			ranklin Sq		Drive	Bal	timore	e, MD	212	37		
	31. DATE FILED (Month, Day, Year)	1 Fulia Da	s signature Widson-Randel	22.								

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HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mon's after death. Page 6 mis	: FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
K	25
0	EX.
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31. OATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Danidon Hand all

											50	1	10041
	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR RTIF	TMENT O	F HEALT	H AND I	MENTA	L HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	/	TI		1			2. DATE	OF DEATH	NY.	YEAR	3. TIN	E OF DEATH
	Ler	04	TAU	15				06			90		10:45pm
	344-34-0292	5. SEX 6.	AGE (In yrs. last	3 YRS.	MONTHS D	EAR IF UNE AYS HOURS	ER 24 HRS.		OF BIRTH T, Day, Year) - 04/-		8. BIRTH Countr	PLACE (Y) S	(State or Foreign
N.	96. FACILITY NAME (If not institution, give str	eet and number)			9ь. СІТУ, то	WN OR LOCA	TION OF DI	EATH N	d.	9c. COUN	TY OF D	EATH	
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			100 CIT	Y, TOWN OR I	OCATION						104 (NSIDE CITY
DIRECTOR	md.			100.01	Bat	70.						L	IMITS?
FUNERAL	10e. STREET AND NUMBER	110000	15	7		10f, ZIP CC	DDE /) ·	50		10g. CITIZ	ZEN OF V	VHAT C	OUNTRY?
S I	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARI	MED		S DECENDENT ea, specify Cu			i? (Specify Yes	or No—	14. RACE Black	E — Am k, White	ericen Indien,
Β¥	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR		-		YES 2 N			,,		Speci	MY: 13	lack
밀	15. DECEDENT'S EDUC (Specify only highest grade of		18e. DE0 (Gr	CEOENT'S	USUAL OCCL work dona duri se retired.)	JPATION ing most of wo	rking	18b	. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	lite.	Do NOT u	se retired.)								
Ö	FATHER'S NAME (First, Middle, Last)	1				18. M	THER'S NA	ME (First,	Middle, Maiden	Surname)			<u> </u>
BE 0	Kaymond Faus	+				1	ula	m	14	Kal	1		
2	MARY FOULT		19b	MAILING	ADDRESS (S	Street and Num	ber or Rural	Route Num	ber, City or Tow	n, State, Zip	2/	25	2
	200. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name	of cemetery, c	rematory or	10	20c. LO	CATION —	City or To	own, Sta	nte
	1 Suriel 2 Cremetion 3 Removal from State other place) 4 Danetion 5 Other (Specify) Owning Mills												
	21. SIGNATURE OF FUNERAL SERVICE LICE	Mar	R		22. NA	ME AND ADD MARL 4300	RESE OF FA	une lab	inl.	Hor	ne		
	23. PART i. Enter the diseasea, or can ahock, or heart failure. L	omplications that o	ausad tha de	ath. Do	not enter th	a moda of	dying, aud	ch as can	diac or resp	iratory arre	est,		Approximata intarvai Batween
	IMMEDIATE CAUSE (Final	()	on additional		1	1							Onset and Death
	disease or condition reaulting in death)	. Kest	solo	24	190	lun						1	
_		DUE TO (O	R AS A CONSEC	PUENCE O	9K								
ERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (0	R AS A CONSEC	DUENCE O	F):							+	
CAT	cause. Entar UNDERLYING CAUSE (Diseasa or injury	·											
빌	that initiated evants rasulting in death) LAST	DUE TO (O	R AS A CONSEC	DUENCE O	F):								
E	danting in dantin CAST	l										\dashv	
]	PART ii. Other significant conditions	contributing to de	eath but not r	esulting	In the unde	rlying caus	a givan in	Part i.	24a. WAS AN		24b		AUTOPSY FINDINGS ABLE PRIOR TO
MEDICA		71)							1 TYES				LETION OF CAUSE
M												1 🗍	YES 2 NO
ž													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	700		OTHER:	28. PLACE O							
HYS	27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIN	IE OF 26	g Home 5 Bc. INJURY AT		_	SCRIBE HOW	INJURY OCC	URED		
ВУ Р	1 Natural 5 Pending	(Month, Day,	Year)	IN.	M	WORK?	NO						
8	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho c. (Specily)	ma, ferm,	street, factory	, office		28f. LOC	CATION (Street or Town, State	and Number)	or Rurai	Route N	lumber,
	200 CERTIFIER	NAM TO STATE OF THE PARTY OF TH						<u> </u>					
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m R: On the basis of exa)									e) and	manner es stated.
_	29b. SIGNATURE AND TITLE OF CERTIFIER				,, opn		ICENSE NU		The black at				h, Day, Year)
B	223. SIGNAL ONE AND THEE OF GENTIER	tehn	- Nes)	Cllude	1 5	1	5 4L	1	▶ C	SIGNES	Monti 3	i, vay, ivai)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	H 27) /T/n/	Drint)	1//	- 1	- /		7	/ 3	$\overline{}$	

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TEN	TOR:	28 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be demanded the filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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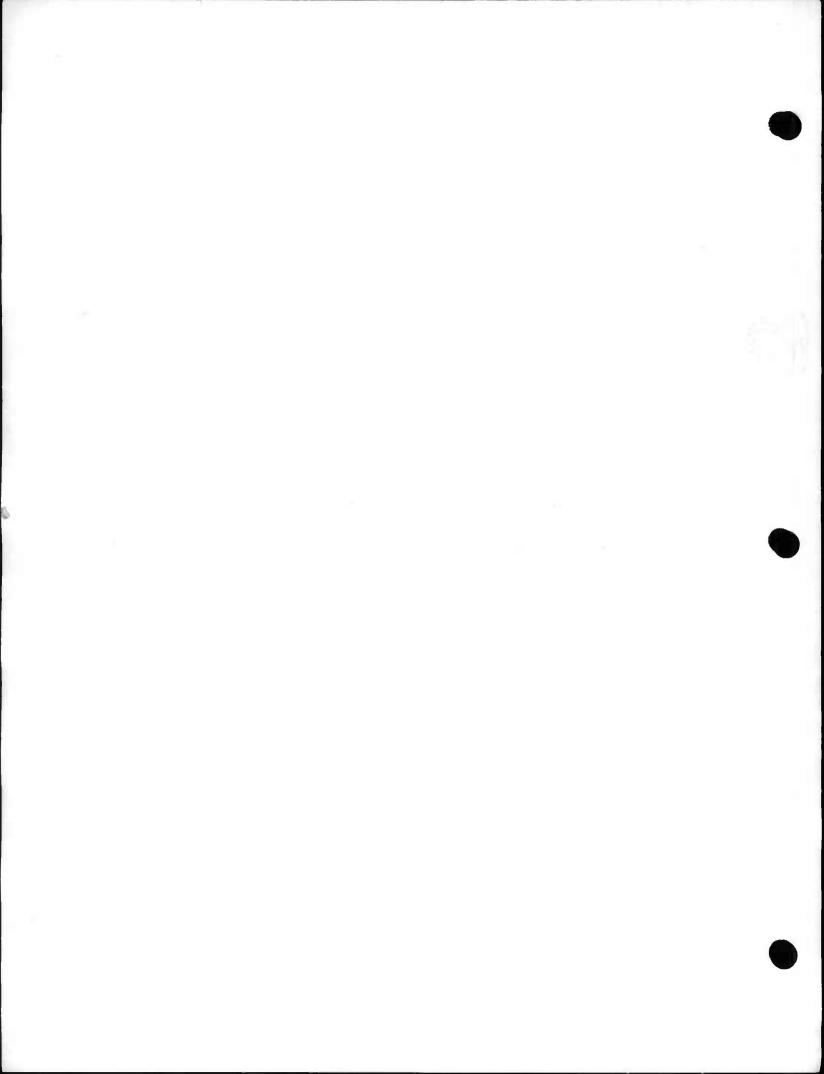
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Earl J. Gardner, Sr. 2. DATE OF DEATH MONTH 6-29-90 DAY 11:54PM M						
	4. SOCIAL SECURITY NUMBER 2 15 - 28 - 3761 5. SEX 5. SEX 1 M 2 D F 58 1 YRS. 6. AGE (In yrs. lest birthdey) 1 W M 2 D F 58 1 YRS. 6. AGE (In yrs. lest birthdey) 1 W MONTHS 1 DAYS 1 HOURS 1 HOURS 1 HOURS 1 HOURS 1 HOURS 1 1 1 - 22 - 31 MD 6. BIRTTHPLACE (State or Foreign Country) 1 1 - 22 - 31						
TOR 1	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH Particles Scott Key Medical Center Baltimore City						
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION BALTIMORE, CITY 1 ½ YES 2 □ NO						
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21222 USA						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If YES, GIVE WAR DR DATES						
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade complated) Elementary/Secondary (0-12) 8th 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY SPARROWPOINT—TIN MILL						
BE COM	17. FATHER'S NAME (First, Middle, Last) JAMES GARDNER 18. MOTHER'S NAME (First, Middle, Maiden Surname) VIOLA YOUNG						
10	19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 561 NEW PITTSBURG AVEBALTO. MD. 21222						
	206. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Burdel 2 Cremetion 3 Removal from State 8 \(\tilde{\Delta} \) PLACE OF DISPOSITION (Name of cemetory, cremetory or BALTIMORE, MD.) 20c. LOCATION - City or Town, State BALTIMORE, MD.						
	WM.C. MARCH F.H. 1101 E. NORTH AVE.						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or reapiratory strest, abook, or heert feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Chronic renal failure with Hypertensive Arteriosclerotic survey. Cardiovascular Disease						
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST						
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Diabetes mellitus 1 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 YES 2 NO OF DEATH? 1 YES XXX						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpetient 2 Deption 1 Inpetient 2 Deption 2 Deption 3 DOA 4 Dursing Home 5 Realdence 6 Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?						
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)						
COMPLETED	29s. CERTIFIER (Check only one) (Check only on						
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER OCME 29d. DATE SIGNED (Month, Day, Year) 7-1-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						

KORELL, MD

MARGARITA A.

31. DATE FILED (Month) 1990

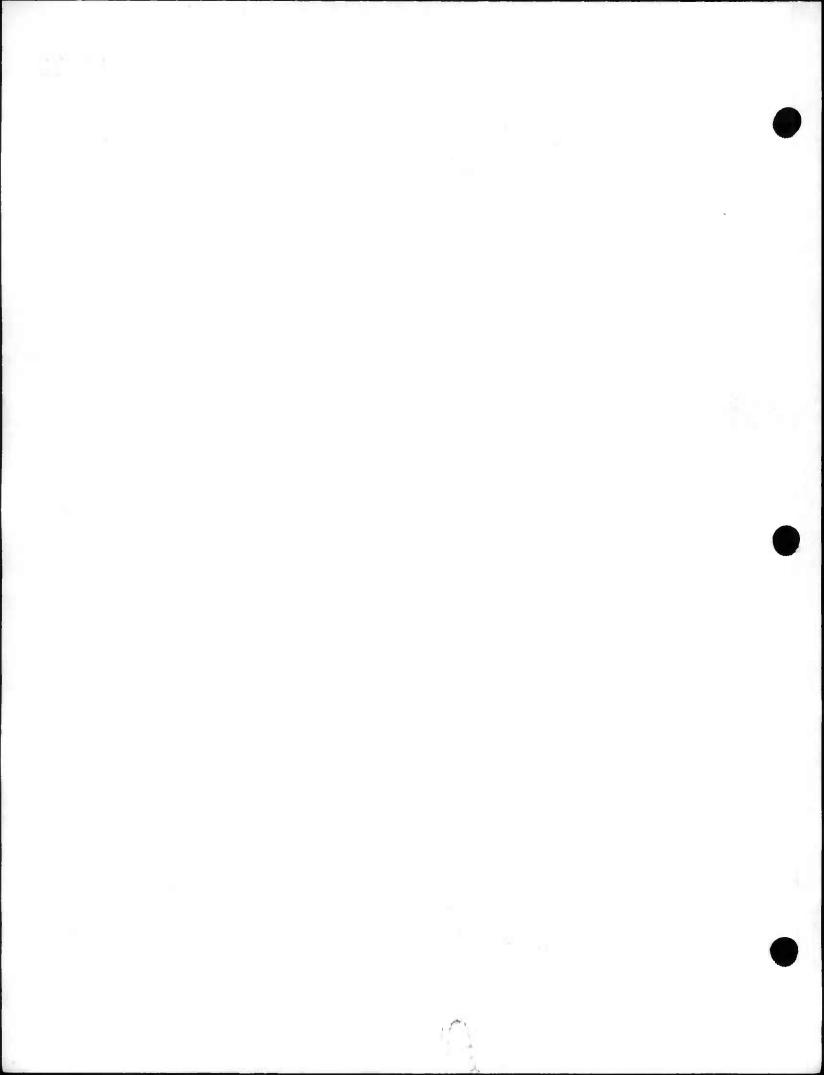
111 Penn Street, Baltimore, MD 21201



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xmours after death. Page 6 mm. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral direction be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must

	1 - FOR STATE (OF MARYLAND / D		OF HEALTH AND		YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	ter. T. 6	reen		2. DATE OF D	DAY	YEAR	3. TIME OF DEATH 20/3 M		
	4. SOCIAL SECURITY NUMBER 220-24-2067 98. FACILITY NAME (If not institution, give street and number)		YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DI	7. DATE OF B (Month, Da) 1-7-	v. Year) -29	Count	N.C.		
TOR	University Hospital Baltimore									
DIRECTOR	MD 10a. STATE 10b. COUNTY		Baltimo			10d. INSIDE C LIMITS? 1 □XYES 2				
FUNERAL	100. STREET AND NUMBER 1022 W. Lanvale			101. ZIP COOE 21202		CSUT	USA	WHAT COUNTRY?		
BY FUN		CEOENT EVER IN U.S. ARME? 1 YES 2 NO GIVE WAR OR DATES		AS DECENOENT OF HISPAI yes, specify Cuban, Mexica YES 2 NO Specif	en, Puerto Rican		Blac	E — American Indian, k, Whita, stc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collegs (1-4)	(Give	DENT'S USUAL OCC kind of work done du b NOT use retired.) Indscapin							
COM	17. FATHER'S NAME (First, Middle, Last) Dewitt Taborn					e, Maiden Sumame)				
TO BE	190. INFORMANT'S NAME (Type/Print) Bernice Green	1111111		Rose 7 (Street and Number or Rural canvale, Bal	Route Number, C					
	20a_METHOD OF DISPOSITION 1	20b. PLACE OF other place	DISPOSITION (Nam	r Cemetery. cremetory or		20c. LOCATION - Catons	- City or To			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOULEN D. &	Brown	J (AME AND ADDRESS OF FA Seph H. Bro Baltimore,	own F.H	I.,P.A.,	P.O.	Box 4433		
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or iMMEDIATE CAUSE (Finel disease or condition resulting in death)				ch as cardiac	or respiretory s	erreat,	Approximats Interval Between Onaet and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.									
MEDICAL	PART II. Other significant conditions contribut	ing to death but not rea	uiting in the und	dariying cauaa given in		PERFORMED? YES 2 No	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)					
SIC	EXAMINER? 1 YES 2 NO 1 VINpatie	NL: nt 2 ER/Outpatient 3 E	DOA 4 Nurs	: ing Home 5 🗆 Residence	8 Other (Sp	pecify)				
ВУ РНУ	1 Nstural 5 Pending (N	ATE OF INJURY lonth, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRI	BE HOW INJURY O	CCURED			
	3 Suicide 28a. Pi	ACE OF INJURY — At home allding, atc. (Specify)	e, farm, street, facto	ry, office	28f. LOCATIO City or To	ON (Street and Numi own, State)	ber or Rural	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bar							(a) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	JMBER					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	O CAUSE OF GEATH (ITEM	27) (Type, Print)	I			,			
	JULIE (153 M1990 mon Julie Autilia	COMPANDED OF								



FOR STATE REGISTRAR

		REGISTRAR				CE	an i iir	CAL	LOF	DEATH		RE	G. NU.				
		1. DECEDENT'S NAME (First, AUGUST	, Middle, Last) J.	F0ERTS	SCH						6	DATE OF DE	990°	r	YEAR	3. TIME OF DEAT	
		4. social security numb 216-25-5655	BER D	5. SEX 1 X M 2 - F	6. AGE (In	yrs. lest	birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HE HOURS MI	rs. 7.	DATE OF BIF (Month, Day, 10-27	тн - 19	10	Countr	PLACE (State or Fi	oreign
900	QB.	3823 Kimble	e Rd.	reet and number)					v, town o	R LOCATION O	F DEATH	1		9c. COU	ITY OF D	EATH	
翻翻		RESIDENCE OF DEC	10b. COUNTY														
//		Maryland						tim								10d. INSIDE CITY LIMITS? 1 X YES 2	
1.40	EH	3823 Kimble							101. ZIP CODE 21218					ZEN OF V	WHAT COUNTRY?		
	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	X YES	2 N	MED O	13.	If yes, sp	ENDENT OF HIS ocity Cuben, Ma 2 X NO S	xican, P			a or No— 14. RACE — American Indian, Black, White, etc. Specify: White		len,	
	ETED.	(Specify only	EDENT'S EDU	completed)		(GI	CEDENT'S we kind of v	vork done	OCCUPATION during mo	ON st of working		16b. KINO	OF BUS	INESS/IND			
	COMPLE	Elementary/Secondary (0)-12)	College (1-4 or 5	+)		to Me	·									
at once.	ō	17. FATHER'S NAME (First, M	liddle, Last)						C=21.000	18. MOTHER'S	NAME	(First, Middle,	Maiden :	Surname)			
7	ш	Michael F	oerts	ch						Teres	sa	Eber	t				
#ed	8	19a. INFORMANT'S NAME (7				198	. MAILING	ADDRES	SS (Street a	nd Number or R		te Number, Cit	y or Town	, State, Zip	Code)		160
101	2	Janette K.	Foer	tsch			3823	Kim	ble	Rd., Ba	alto	. Md	. 2	1218			
must be		20a. METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	ION on 3 - Rem			PLACE	OF DISPOS	SITION (N	lame of cer	metery, crematory emeter	or		20c. LO	CATION —			
miner 1		21. SIGNATURE OF FUNERA	L SERVICE LIC	ensee ther			, e j			D ADDRESS O							
еха		Roy	H. C.	ther				Le	eonard	J. Ruck	, Inc	.,5305	Harf	ford R	d.,Ba	alto.,Md.	21214
or other traumatic event, the medical examiner must be notified		23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A consequence of):															
event,		reaulting in death)		DUE TO	(OR AS A	CONSEC	OUENCE O	F):	,			3001					
raumatic	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING															
other tr	CERTIFICATION	CAUSE (Disease or Injuthat initiated events resulting in death) LAS	ary	c. OUE TO	OR AS A	CONSE	DUENCE O	F):									
, 0	E			d												-	
n e		PART II. Other algolfica	ent condition	s contributing to	death bu	Jt not r	eaulting	In the u	indarlyin	g cause give	n In Pa			AUTOPSY	246	. WERE AUTOPSY	
ws any injury,	EDICAL											1	PERFOR			AVAILABLE PRIOF COMPLETION DF OF DEATH?	CAUSE
2 2	Σ				_						-	-				1 YE\$ 2	NO
Item 23	SICIAN:	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL							LACE OF OEATH	(Check	only one)					
	Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outp	atlent 3	□ DOA	OTHE		e 5 Reside	nce 8 [Other (Spe	cify)				
marked, or	ВУ РНУ		Pending Investigation	28a. DATE O (Month,)	F INJURY Day, Year)		28b. TIR	IE OF JURY M	W	URY AT ORK? YES 2 NO		8d. OE\$CRIBI	E HOW II	NJURY OC	CURED		
28 is		3 Suicide 8	Could not be determined	28s. PLACE (building	OF INJURY I, etc. (Speci	— At ho	me, farm,	atreet, fa	ctory, offic	a	21	Bf. LOCATION City or Tow		and Number	r or Rural	Route Number,	
item item	LET	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	of my knowl	edge, de	ath occur	ed at the	time, date	and place, and	due to	the cause(a)	and mar	ner as sta	ted.		
ANT: If	COMPL	one)	DICAL EXAMINE	R: On the basis of	exa <i>m</i> ination	and/or	investigati	on, In my	opinion, o	leath occured a	t the tim	ne, data and p	placa, an	d due to ti	he cause(a) and menner as	stated.
MPORTANT:	BE	296. SIGNATURE AND TITLE		mhal	NO					29c. LICENSE		ER		29d. DAT	E SIGNED	D (Month, Day, Year)
2 2	٩	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	JSE OF DEA				not are		-	ota Aug	D-	1+0			
		Dr. Carla Ro	senthal	1990 EGIST	CHIS L	ane	MEGIC	al Ce	enter,	34UT M	anasc	oud Ave	., Ba	11W.,	MQ.	21213	
	ļ	31	0 1 0 0	1330 9	toke W	WIN	-No	India									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21203-3146	d within 24 mours after death. Page 6 may be retained by the hospital or attending physic
BA	s after de
	24 mouns
13146,	xecuted within
BOX	ificate be e
P.O.	feath cert
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYSICIAN: The law requires that the death certificate be executed within 24
OF VITAL	PHYSICIAN: The I
DIVISION	PITAL OR ATTENDING
	0

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	nours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mention at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has b	be filed within 72 hours after death with the State Dept.	PORTANT: It item 28 is marked, or item 23

E COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE TRAN CERTIFICATE OF DEATH REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)				I	2. DATE OF DEATH		3. TIME OF DEATH
Charles G	-oldstra	ى Jr			MONTH	28 190	EAR 7:25 PM
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
			THS DAYS	HOURS MIN.	(Month, Day, Year,		Country)
213 03 3323	01	1947			9/1/19		Maryland
Se. FACILITY NAME (If not institution, give stree		96.	-	R LOCATION OF DE		9c. COUNTY	Y OF OEATH
Harbor Hospital	Center		Balto	City,	Md.		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY TO	OWN OR LOCAT	ON			10d. INSIDE CITY
							LIMITS?
Maryland		Bal	to.Çit	y,Md.			1 VES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
1818 Li	ght St.			21230		US	A
	2. WAS DECEDENT EVER II FORCES? 1 VES		13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify n, Puerto Rican, etc.)	Yea or No- 14	I. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married	IF YES, GIVE WAR OR D	ATES		2 Specify		1	Specify:
3 Widowed 4 Divorced	W.W.2						White
15, DECEDENT'S EDUCAT (Specify only highest grade co	TON moleted)	16a. DECEDENT'S USL (Give kind of work	done during mor	N at of working	16b. KIND OF	BUSINESS/INDUS	STRY
	College (1-4 or 5+)	life. Do NOT use re	tired.)				
6th.Grade		Electr	ician		C	ivil S	ervice
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Mai		
Charles	Coldatran	Sr			Sarah		Allen
Charles INFORMANT'S NAME (Type/Print)	GOTUSCIAN		DBESS /Steam -	nd Mumber or Dure! F	Salall Route Number, City or		
		N 524 NOVEMBER 11	110				
Ronald W.Gol					erna Pa		
THOO OF DISPOSITION		other place)	ON (Name of cen	netery, crematory or	20c.	LOCATION - CIT	y or Town, Stata
40 Donation 5 Other (Specify)		Cedar Hi	11 Cer	netery	A	.A.Co.	Md.
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	1	22. NAME AN	O ADDRESS OF FAC	CILITY	Balto	.Md.21230
▶ 1/4 · 1/C	y 1/2.	1/_				1.0	^ = = 1 3
Manual V	1 july	ac.					O E.Fort Ave
23. PART I. Enter the diseasea, or cor ahock, or heert failure. Lis			enter the mo	de of dying, auch	h aa cardiac or re	apiretory arrea	t, Approximate Interval Between
IMMEDIATE CAUSE (Final							Onaet and Death
disease or condition	Metastat	Tic Colo	on (ancino	ivra		
resulting in death) a	OUE TO (OR AS						
		A CONSEQUENCE OF):					
b.							
Sequentially list conditions, b.	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):					
If any, leading to immediate	OUE TO (OR AS	,					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		A CONSEQUENCE OF):					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		,					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		A CONSEQUENCE OF):					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):	he underlying		Part I. 24e. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	he underlylng		Part I. 24e. WAS	FORMED?	AVAILABLE PRIOR TO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	he underlyln		Part I. 24e. WAS		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	he underlyln		Part I. 24e. WAS	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	he underlyln		Part I. 24e. WAS	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	OUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in t	28. PL		Part I. 24e. WAS PER 1 YE	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in t	28. PL THER:	g cause given in	Part I. 24e. WAS PER 1 YE	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A CONTRIBUTING TO GENTAL: D'Inpettent 2 = ER/Out 28a. DATE OF INJURY	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in t	28. PL THER: Nursing Hom	g cause given in ACE OF DEATH (Chi 5 Raaldence	Part I. 24a. WAS PER 1 U YE	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 NAO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	OUE TO (OR AS A CONTRIBUTING TO GENTAL:	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in t	28. PL THER: Nursing Hom F 28c. INJ W	J cause given in ACE OF DEATH (Che • 5 □ Rasidence URY AT	Part I. 24a. WAS PER 1 U YE seck only one) a Unter (Specify)	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 NAO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	OUE TO (OR AS A CONTRIBUTION OF A CONTRIBUTIO	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in t	28. PL THER: Nursing Hom F 28c. INJ WO 1 1	G cause given in ACE OF DEATH (Che 5 Rasidence URY AT RK? CES 2 NO	Part I. 24e. WAS PER 1	FORMED? S 2 \(\triangle \	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NAO
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFTER (Check only one) 2 MEDICAL EXAMINER:	OUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION OF AS A CONTRIBUTION OF A CONTRIBU	patient 3 00A 4 28b. TiMe 0 1NJUR Y — At home, farm, strectify)	28. PL THER: Nursing Hom F	ACE OF DEATH (Chief S Rasidence URY AT RK7 (FS 2 NO	Part I. 24e. WAS PER 1 YE ack only one) a Other (Specify) 28d. DESCRIBE HO City or Town, S to the ceuse(a) and time, date end place	FORMED? S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RED Real Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	OUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION OF AS A CONTRIBUTION OF A CONTRIBU	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in t patient 3 DOA 4 28b, TIME 0 1NJURY Y — At home, farm, strendly) wiedge, death occurred a per and/or investigation, t	28. PL THER: Nursing Hom F	ACE OF DEATH (Chi	Part I. 24e. WAS PER 1 YE ack only one) a Other (Specify) 28d. DESCRIBE HO City or Town, S to the ceuse(a) and time, date end place	FORMED? S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO PRED RED Real Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Natural 2 Accident Natural 3 Suicide 4 Homicide detarmined 29a. CERTIFEER (Check only one) CERTIFYING PHYSICI. One) 2 MEDICAL EXAMINER:	OUE TO (OR AS AS AS AS AS AS AS TO the basis of axaminatic	patient 3 DOA 28b. TIME 0 thurst home, farm, strending on and/or investigation, to	28. PL THER: Nursing Hom Ff 28c. INJ. W0 1 1 1 vo et, factory, office at the time, data in my opinion, d	ACE OF DEATH (Chief S Rasidence URY AT RK7 (FS 2 NO	Part I. 24e. WAS PER 1 YE ack only one) a Other (Specify) 28d. DESCRIBE HO City or Town, S to the ceuse(a) and time, date end place	FORMED? S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RED Real Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A CONTRIBUTION OF THE BEST O	patient 3 DOA 4 28b. TIME 0 1 1 NJURY — At home, farm, strending in and/or investigation, the part of	28. PL THER: Nursing Hom F	and place, and dua eath occured at the	Part I. 24e. WAS PER 1 YE ack only one) a Other (Specify) 28d. DESCRIBE HO City or Town, S to the ceuse(a) and time, date end place	FORMED? S 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO RED RED Red Amalabase Prior To Rouse Prior To Completion of Cause Prior To Prior

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

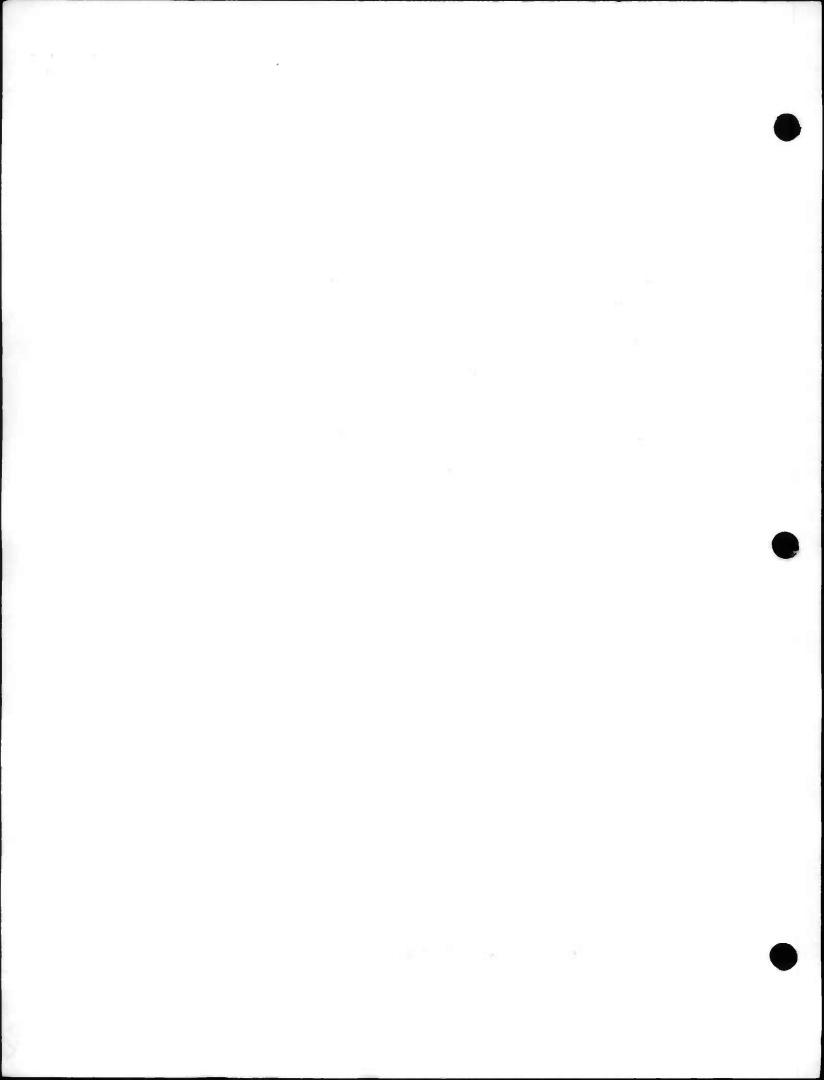
TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-10urs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEDAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

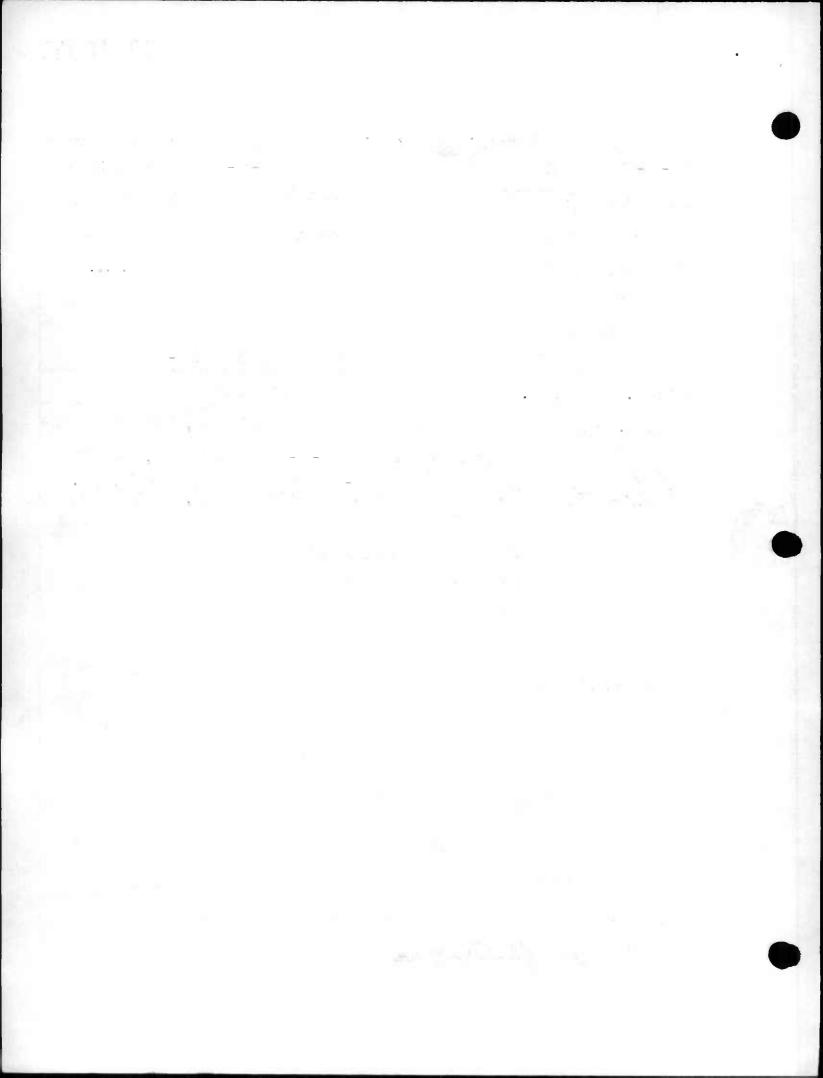
STATE	0F	MARYLANI) /	DEPART	MENT	0F	HEALTH	AND	MENTAL	HYG	ENE
			CI	ERTIFIC	CATE	OI	F DEAT	[H]		REG.	NO.

FOR STATE REGISTRAR	S	TATE OF MA				HEALTH AN	D ME	NTAL HYGIENI REG. NO.			
1. DECEDENT'S NAME (First, A	fiddle, Last)						2	DATE OF DEATH			TIME OF DEATH
JOSEPH ST	TEPHAN	GOET	7.				Ι,	July 1, 1990	ď	EAR E	3:26 P. M
4. SOCIAL SECURITY NUMBER		SEX 8	. AGE (In yrs. las		F UNDER 1 YEA			DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
214-22-5794 9e. FACILITY NAME (If not insti		M 2 🗆 F	63	YAS.	DAY	N OR LOCATION O		Oct. 1, 1920		Maryla	
				l"		ossville	T DEATI	1		imore	1
Franklin Square	P HOSPITA				10)33 VI 11C			Dalt.	nibre	
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION				100	I. INSIDE CITY LIMITS?
Maryland I	Baltimore										YES 2 XXNO
10e. STREET AND NUMBER						10f. ZIP CODE					T COUNTRY?
4619 Charles Ave					1	21206	22.000		U.S.		
11, MARITAL STATUS 1 \(\sum \) Never Merried \(2\sqrt{2} \) M	lerried 12.	WAS DECEDENT FORCES? 1 V IF YES, GIVE WA	YES 2 1	NO NO	If yes	specify Cuben, Me	xican, F	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No— 14	Black, W	American Indien, hite, etc.
3 Widowed 4 Divorc	ed	IF YES, GIVE WA			1 700	PEB 2 NO S	pecify:		1	Specify: White	
15. DECEI	DENT'S EDUCATION	ON	16a, DE	CEDENT'S US	UAL OCCUP	ATION		16b. KIND OF BUS			
Elementary/Secondary (0-1	highest grade com	ollege (1-4 or 5 +)	lite.	. Do NOT use i	k done during retired.)	most of working					
12			Car	menter				Self Emp	loyed		
17. FATHER'S NAME (First, Mid-	dle, Last)							(First, Middle, Maiden			
Joseph N.						Eliz			Solta		
190. INFORMANT'S NAME (Typ	oe/Print)		19				tural Rou	te Number, City or Town	n, State, Zip Co	rde)	
Mrs. Jean A. G					s #10a-				a terror		Santa -
20a. METHOD OF DISPOSITIO 1 Burial 2 Cremation 4 Donation 5 Cother (3 D Hemoyat	from State	other pl	ece)		cemetery, crematory			CATION — City		
21, SIGNATURE OF PONERAL	sewies Licens	FP	1 Park	wood Ce	metery	7-5-90 E AND ADDRESS O	E FACIL	<u>I Park</u>	ville,	Raito	.Co. Md.
Sint /	# 1	- HIL									
Lat I Kand M. Land	Feist III				5305	Harford R	d.,	Inc. Baltimore,	Md. 212	14	
23. PART I. Entar the dis	easea, or com	piications that only one caus	caused tha de	eath. Do not	antar tha	moda of dying,	such a	s cardiac or reapi	ratory arrea	t,	Approximata Interval Between
IMMEDIATE CAUSE (Fina	d	0			0						Onset and Death
disease or condition resulting in death)	a	- uddle	n Ca	rdiae	de	reth					
		A DUE TO (OR AS A CONSE	OUENCE OF):	, ~	cath	,	_			
Sequentially list condition	ona, b.	ACMAC	my	OLENCE OF	led	(contra	ret	7 den			
If any, leading to immedicause. Enter UNDERLYIN	40.40	DOE TO (OH AS A COMSE	OUENCE OF):							j
CAUSE (Disease or injury that initiated events		DUE TO (OR AS A CONSE	QUENCE OF):				<u>-</u>			-
reaulting in death) LAST											
	u					THE STREET					
PART ii. Other aignifican		ontributing to c	laath but not	reaulting in	tha undari	ying cause give	n in Pa	ort I. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
Hy perte	13/04							_ 1 _ YES 2	□ NO		MPLETION OF CAUSE DEATH?
								_		1 [YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	H	OSPITAL:	2111 12416		OTHER:	8. PLACE OF DEATH	H (Check	only one)			
1 YES 2 NO	1 [28e, DATE OF I		28b. TIME	1	Home 5 A Reside	_	Other (Specify) 8d. DESCRIBE HOW I	N IIIBY OCCIN	BED.	
1 Natural 5 P	ending	(Month, Day	(Year)	INJU	YY Y	WORK?	. [ed. DESCRIBE HOW I	NJUNT OCCU	MED	
2 Cutote	rvestigation	28e. PLACE OF	INJURY — At h	ome, ferm, str			_	8f. LOCATION (Street	and Number or	Rural Rout	e Number.
_ 0 _ 0	ould not be etermined	building, e	tc. (Specify)		•			City or Town, State)			
290. CERTIFIER	FYING PHYSICIAL	V. To the heat of -	ny knowlados d	eath coorner	at the time	data and please and	d place 4-	the cause(e) end mer	nner pe state d		
cond only		_						the cause(e) end mei ne, date end place, en			nd manner as stated.
29b. SIGNATURE AND TITLE		A)	1	1	, ., ., ., ., ., ., ., ., ., ., ., ., .,						
01 0		100	1 /	_	7	29c. LICENSE			AND DATES	> M	onth, Day, Year)
Alan A. Reisin		OMPLETED CAUSE	OF DEATH (ITE	M 27) (Time S	rior)	2/25	06	/ لــ	- //	7	70
					,	o MH 212	20				
Alan A. Reisin 31. OATE FILED (North, Day, Y		320 REGISTRAE	'S SIGNATURE		.,DdIU	o. Md. 212	23				
	1990	Julia Das	idno B	nde DO							



DHMH-16 Rev 1/89

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI			MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	Y YEA	3. TIME OF DEA	NTH .
		WALTER S.	GOSHORN,	JR.			une 2			:30am
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	(Mont	OF BIRTH h, Day, Year)	C	IRTHPLACE (State or fountry)	
	191-01-6172 9a. FACILITY NAME (If not institution, give str	1 XM 2 □ F 7	6 YAS.				22-191		ENNSYLVAI	VIA
Œ	TRANSITH COMPT MACRITAL DACCUTLLE									.
16	RESIDENCE OF DECEDENT							Baltin	ore Coun	Ly
DIRECTOR	100. STATE 100. COUNTY MARYLAND BAL	LTIMORE	10c. CITY,	TOWN DR LOCAT	OUNDALK				10d. INSIDE CIT LIMITS?	X
	10e. STREET AND NUMBER	- I INORE			ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	1924 EWALD AVEN	IUE			212	22	- 6	,	U.S.A.	
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN			or No- 14. 1	RACE — American Ind Black, White, etc.	ilen,
BY	1 Never Merried 2 Neverled 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES	2 NO Specif	y:	,		Specify: WHI	TE
	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S US	BUAL OCCUPATION	ON .	16t	. KIND OF BUS	INESS/INDUSTI	RY	
	Elementary/Secondery (0-12)	College (1-4 or 5 +)	life. Do NOT use i				นอกกน	LD - DO	NICI AC	
COMPLETED		1 YEAR	SEI	VIOR BU					JUGLAS	
	17. FATHER'S NAME (First, Middle, Lust) WALTER S. GOSHOR!	V SR.			18. MOTHER'S NA LORRAI			Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	i, ok	19b. MAILING A	DDRESS (Street a	nd Number or Rural			n, State, Zip Code		
2	JUANITA K. BAKER					BA	LTIMOR	E, MAR!	/LAND	2123
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo	20b.	PLACE OF DISPOSIT	ION (Name of carr	netery, crematory or	000		CATION City		ก
5	4 Donation 5 Other (Specify)		AK LAWN C						, MARYLAN	
	· (hold)	Fish			RUCK FUN WISE AVE				DALK, INC	222
	23. PART I. Enter the diseases, or c	omplications that causad List only one cause on ea							Approxim	
	IMMEDIATE CAUSE (Final	lat only one cause on ea	ach line.						Onset ar	
45	disease or condition resulting in death)	. Massive	Cerebroya	ascular	Acciden	t				
			Encepha							
9	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	ropa city						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Sepsis								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE OF):							
CE S		1								
N N	PART II. Other significant condition		ut not resulting in	the underlying	g cause given in	Part I.	24s. WAS AN PERFOR		24b. WERE AUTOPSY AVAILABLE PRIO	R TO
EDIC	<u>Atrial Fibrill</u>	ation				_	1 TYES 2	□ NO	COMPLETION OF DF DEATH?	CAUSE
Σ								1	1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	teck only o	ne)			
YSIC	EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	e 5 🗌 Residence	6 🗆 Oth	er (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY WO	PRK?	28d. DE	SCRIBE HOW I	NJURY OCCURE	D	
B	1 Netural 5 Pending 2 Accident Investigation	200 DI ACE OF IN HIDY	At home form of		YES 2 ND	205 1 00	CATION (Comme	and Mumber of B	cont Bouts Mumber	
COMPLETED	3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJURY building, etc. (Spec	At nome, farm, atr	eet, rectory, office			or Town, State)	and Number or M	ural Route Number,	
BE COMPLE	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred	at the time, data	end piece, and due	to the ca	uss(e) and mar	nner as stated.		
N O	CONTRACTOR OF THE CONTRACTOR O	R: Op-the basie of examination	n and/or investigation,	, in my opinion, d	leath occured at the	time, dat	e end place, en	d due to the ce	use(e) end manner as	stated.
BE C	2 SIGNATURE AND TITLE OF CENTIFIER	2,			29c. LICENSE NU	MBER			INED (Month, Day, Yee	r)
10 B	fent to	nties				NA		▶ 6-2	27-90	
1	E OND and I and				ana Duite	o D =	ltimos	2122	,	
/	Fernando Lape	etina, MD 90	000 Frank	iin Squa	are Driv	e Ba	LIMOR	21237		
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BALTIMORE, MARYLAND 21203-31

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FUNERAL DIRECTOR

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-	AR.	•
3	The	4 -4
DIVISION OF VIEW RECORDS, F.O. BOA 13149,	HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-rou	The first of the second
2	VDING	
2	ATTE	-
5	8	-
	HOSPITAL	

The state of the s	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
ii Oi dueii	for use as	
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SICIAN; THE TAY FEGURES THAT THE GEATH CELLINICATE DE EXECUTEU WITHIN 24-700 AT AND TOGETHE OF THE TOSPILAT OF ALL	e funeral di	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
מונפו פוונפו	d in by th or remove	medicai
7 111111	erely file emation.	nt, the
mernien w	and comp burtal, cr	atic eve
alle De en	prior to	r traum
all certific	ending pl	or othe
me near	y the att	injury,
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hay well	has been Dept. of	23 sho
JAN: IN	nrtificate he State	or item
IG PHYSIC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com- be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal,	narked,
A LENDIN	CTOR: Aff	28 is n
TO THE HOSPITAL DR ALLE	RAL DIRE	If item
AL HOSP	HE FUNEI	DRITANT
10	1000	IMP(

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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	90 18048						
FOR STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE O	F HEALTH AND MENTAL HYGIENE DF DEATH REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last) TOYCE A. HOUZE	2. DATE OF DEATH MONTH DAY YEAR 0 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 6. AGE (In yrs. lest birthdey) WONTHS DAY:	NOURS MIN. (Month, Dipy, Year) 46 Country) Md						
90. FACILITY NAME (II not institution, give street and number) Surau Hospital of Baltimere Ba RESIDENCE OF DECEDENT	VN OR LOCATION OF DEATH 9c. COUNTY OF DEATN						
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LO Palfum	OCATION 10d. INSIDE CITY LIMITS? 1) YES 2 NO						
3228 Belmont Ave	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? U.S.A						
1 Never Marriad 2 Marriad FORCES? 1 YES 2 NO II yes,	DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— , apecify Cuban, Maxican, Puerto Rican, etc.) 14. RÂCE — American Indien, Black, White, etc. Specify: Black, Specify: Black						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY							
17. FATNEBIO-NAME (First, Middle Least)	18. MOTHER'S NAME (First, Middle, Meiden Sumerne) Mascel Frazier						
Mabel Halmer 2216 C	eet and Number for Plural Apolle Number, City or Jown, Stelle, Zip Code) ECI Ave Dato, NW 21218						
20a_METNOD OF DISPOSITION 1	Ley Park Karelallstown, 49						
21. SIGNATURE OF BUNEFIAL SERVICE LICENSEE	and Address of Facility and to find the west						
23. PART I. Enter the diseases, or complications thet caused the death. Do not enter the ehock, or heert failure. List only one cause on each line.	Interval Between						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. AIDS Due to (or as a consequence of):	Onset and Death						
Sequentieily list conditions, If any, leading to immediate cause. Entar UNDERLYING							
CAUSE (Disease or injury that initiated events resulting in death) LAST							

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:

1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Nome 5 Reeldence 6 Other (Specify) 26c. INJURY AT WORK?

1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28d. DEȘCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a, CERTIF

(Check only	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and medical m

unaj	2 MEDICAL EXAMINER: On the be	asis of examination and/or investigation, in m	ny opinion, death occured at the time, date end place	e, end due to the cause(e) and menner ee stated.
29b. SIGNATUR	E AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

0140.	
	_

31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE

UL 03 1990 Julie Davidson Bande

PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

90 91

6/2

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.	_								
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATH	YEAR	3. TIME OF DEATH							
	William Herndon SR.	06 3		8130 PM							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign							
	218 09 8428 1 M 2 L F 91 YRS.	2-5-18		N.C							
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH SC. COUNTY OF DEATH BALTIMORE, MD.										
ᇤ	RESIDENCE OF DECEDENT			10d. INSIDE CITY							
<u>E</u>	MD BALTIMORE, CITY			LIMITS?							
BAL	100. STREET AND NUMBER 1813 RUTLAND AVE. 2121	3	10g. CITIZEN OF	WHAT COUNTRY?							
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAN OR DATES 13. WAS DECENDENT OF HISPARIA OR DATES 14. WAS DECENDENT OF HISPARIA OR DATES 15. WAS DECENDENT OF HISPARIA OR DATES 16. WAS DECENDENT OF HISPARIA OR DATES	an, Puarto Rican, etc.)	Bla	CE — American Indian, lick, White, atc. BLACK							
G	15. OECEDENT'S EOUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY								
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5+) N/A College (1-4 or 5+) LIGHT CARPENTRY										
COM		AME (First, Middle, Maiden NOWN	Surname)								
BE	11 N K N O W N 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural		on Chata Tin Contai								
2	ISABELLE SCOFIELD 1045 N. MILTON AV			D. 21205							
	20e, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 4 Donation S Other (Specify) C ARR REST VET.	CEM. OWI	NGS MI								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	ACILITY									
	Mladus Danes WM.C. MARC	н ғ.н.110	1 E. N	ORTH AVE.							
	23. PART i. Enter the diseases or complicatione that caused the death. Do not enter the mode of dying, eu shock, or heart failure. List only one cause on each line.	ch as cardiac or reap	iratory arreat,	Approximeta interval Between							
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Renal Failure DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if eny, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Metastatic Prostate Cancer Chronic Renal Insufficiency DUE TO (OR AS A CONSEQUENCE OF): d.										
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in	n Part i. 24a. WAS AN PERFOI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO							
: MEDIC	1										
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C										
Sic	EXAMINER? 1 YES 2 NO 1 Pinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence	6 Other (Specify)									
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURED								
ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
Ē	20e. CERTIFIER										
COMPLETED	Check only One) 1 VERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and de One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the			e(a) and manner as stated.							
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE N	UMBER	1	ED (Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)		6/3	10110							
	Lock Raven Veterans Administration Hosp	ital									
	31. DATE FILEO (Month, Day, Mar) July 32 Medi TRAP'S AMATURE										

burta transit permit. Pages 1, 2, 3 should

BALTIMORE, MARY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 although be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netlined #1

DHMH-16 Rev 1/89

Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR	SIATE OF MAN	TLANU / DEPART CERTIFIC			MENTAL HYGIEN REG. NO.		
1. OECEDENT'S NAME (First, Middle, Elj	izabeth E.	Hennic	ck		2. DATE OF DEATH DO 7-1-90	NY Y	3. TIME OF DEATH 9:43AM
4. SOCIAL SECURITY NUMBER 212-30-4264	1 🗌 M 2🏗 F	OO YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 22	1904	BIRTHPLACE (State or Foreign Country) MD .
90. FACILITY NAME (If not institution, Francis Scott RESIDENCE OF DECEDEN	Key Medical (-	or Location of DE		9c. COUNT	Y OF DEATH
10a. STATE 10b. CC			TOWN OR LOCA SALTIMOI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 4532 SE	HAMROCK AVE.		10	1. ZIP CODE 21206	i		N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR O	ES 2 X NO	If yes, s		IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14	I. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S (Specify only highest Elementary/Secondery (0-12) N/a	College (1-4 or 5+)	ilfe. Do NOT use	ork done during m	ON ost of working	18b. KIND OF BU	SINESS/INDUS	Т ПҮ
17. FATHER'S NAME (First, Middle, Las GROVE CLEVEL	AND STEWART	- '		LUL			
20a. METHOD OF DISPOSITION	MADDEN (DGHTH	R) 453	32 SHAM	ROCK AVEN	Noute Number, City or Tow IUE, BALTIN 20c. LO	ORE,	
1 Typeriel 2 Cremetton 3 C 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVI		other place) OAK LA	22. NAME A	NO AODRESS OF FA	CILITY		ORE, MD.
23. PART I. Enter the disasses	Laits	mh	333	31 Brehms		ltimor	e, Md. 21213
immediate cause (Final disease or condition resulting in death)	B	on each line. Sclerotic coas a consequence of		ascular d	isease		Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant con	ditions contributing to dea	th but not resulting in	n the underlylr	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINOING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XX NO
					TATOTIT	DV	
25. WAS CASE REFERRED TO MEDIC	SAL I		28.5	PLACE OF DEATH (C)	INQUI	1/1	
25. WAS CASE REFERRED TO MEDIC EXAMINER? XXII YES 2 INO	HOSPITAL:	Outpatient 3 DOA	OTHER:	PLACE OF DEATH (Ch	eck only one)	1/1	1
EXAMINER?	HOSPITAL: 1 Inpetient 2 SERV 28a. DATE OF INJU (Month, Day, Ve	JRY 28b. TIME INJU	OTHER: 4 Nursing Horizontal Nurs	me 5 Residence	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCU	- In-
EXAMINER? YES 2 NO 27. MANNER OF DEATH XXXIstural 5 Pending 1 newestig: 2 Accident Investig: 3 Suicide 8 Could n 4 Homicide determin	HOSPITAL: 1 Inpatient 2 SERIV 28s. DATE OF INJU (Month, Day, 16s) ation 28s. PLACE OF INJ building, etc. (JRY 28b. TIME INJU JURY — At home, farm, at Specify)	OTHER: 4 Nursing Ho i OF 28c. IN JRY W M 1 Itraet, factory, offi	me 5 Residence JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCU	r Rural Route Number,
EXAMINER? XX YES 2 NO 27. MANNER OF DEATH XX Netural 5 Pending 2 Accident investig 3 Suicide a Could in 4 Homicide determine 28. CERTIFIER 1 CERTIFYING 2X MEDICAL EX	HOSPITAL: 1 Impatient 2 XXEP/ 28s. DATE OF INJU (Month, Day, 16 28s. PLACE OF IN, building, etc.) PHYSICIAN: To the best of my in AMINER: On the basis of examine	JRY 28b. TIME INJURY — At home, farm, at schooling to the converge converge to the converge converge to the converge converge to the converge converge to the convergence	OTHER: 4 Nursing Ho i OF 28c. IN JRY M 1 traet, factory, offi	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end ma	and Number o	r Rural Route Number, 1. cause(a) end manner ee stated.
EXAMINER? YES 2 NO 27. MANNER OF DEATH XXXNstural 5 Pending 1 nivestig. 2 Accident investig. 3 Suicide a Could n determine 298. CERTIFIER 1 CERTIFING 2XXMEDICAL EX	HOSPITAL: 1 Impartent 2 PR/ 28s. DATE OF INJU (Month, Day, Ye 28s. PLACE OF IN, building, etc. (PHYSICIAN: To the best of my le AMINER: On the basic of examin	JPY 28b. TIME INJU JURY — At home, farm, at Specify) knowledge, death occurrenation and/or investigation	OTHER: 4 Nursing Ho E OF	me 5 Residence JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end ma	and Number o	Rural Route Number,
EXAMINER? XX YES 2 NO 27. MANNER OF DEATH XX Netural 5 Pending 2 Accident investig 3 Suicide a Could in 4 Homicide determine 28. CERTIFIER 1 CERTIFYING 2X MEDICAL EX	HOSPITAL: 1 Impartent 2 PR/ 28s. DATE OF INJU (Month, Day, Ve 28s. PLACE OF IN, building, etc. PHYSICIAN: To the best of my is AMINER: On the basic of examination RTIFIER	JRY 28b. TIME INJU JURY — At home, farm, at Specify) unowiedge, death occurrenation and/or investigation F DEATH (ITEM 27) (Type,	OTHER: 4 Nursing Hot COF RPY M 1 Irraet, factory, offli d at the time, def	me 5 Residence JURY AT ORK? YES 2 NO Ice te end piecs, end due death occured at the 29c. LICENSE NU CME	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end ma	and Number of	r Rural Route Number, 1. cause(a) end manner ee stated. SIGNED (Month, Day, Year) 7-2-90

IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

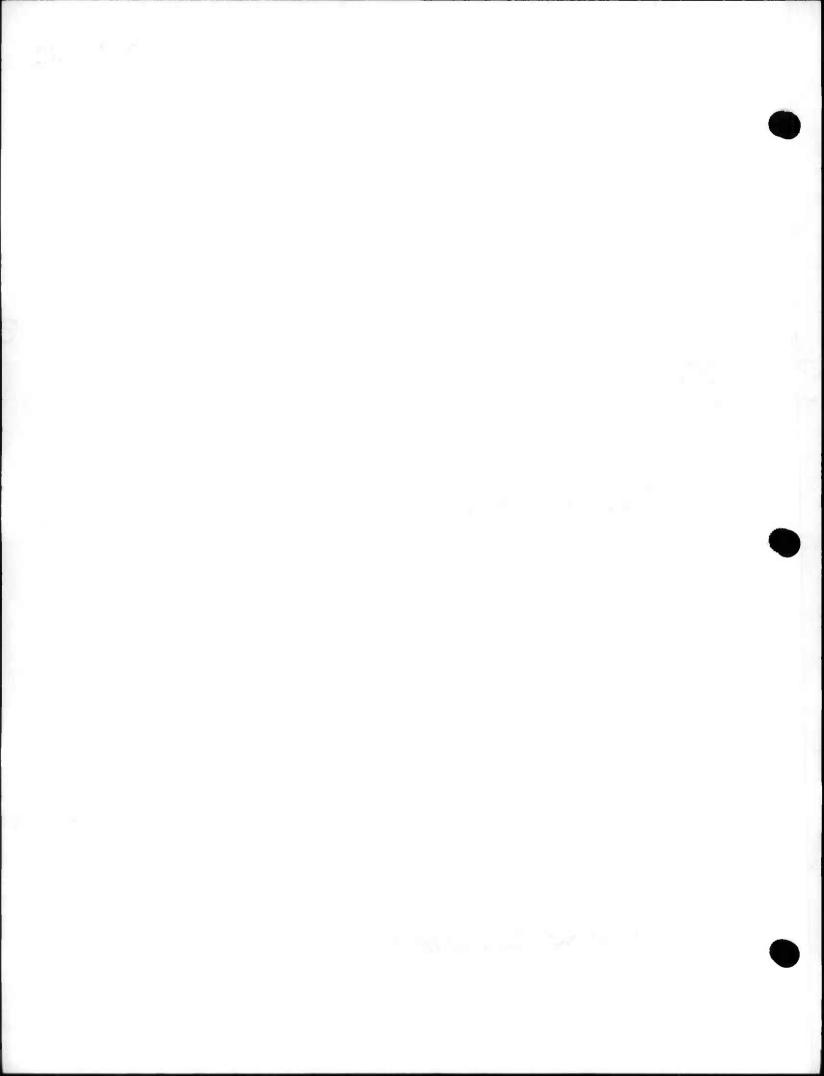
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CHARLE OF MAIN LAND / DETAINMENT OF DEATH REG. NO.
	1. DECEDINT'S NAME (First, Middle, Lest) HYDE Ludmila Z. Hyde 2. DATE OF DEATH DAY 27 90 820 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last, birthday) 1 UNDER 1 YEAR 1 UNDER 1 YEAR F UNDER 1 YEAR 7. DATE OF BIRTH Country) Maryland
	9a. FACILITY NAME (if not institution, give street and humber) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	Harbor Hospital Center Baltimore City ======
<u> </u>	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	Maryland Anne Arundel Baltimore 1 □ YES 2 1 № NO
FUNERAL	100. STREET AND NUMBER Meridian Nursing Center Hammond's Lane & Robinwood Road 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? U.S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — American Indian,
B⊀	1 Never Married 2 Married FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES If YES 2 NO Specify: White
COMPLETED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during mine of working
	Elementary/Secondary (0-12) College (1-4 or 5 +)
MP	Secretary Aerospace
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
8	Zaruba 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)
2	David Hyde P.O. Box 5485 Kent, Washington 98064
	20e, METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c, LOCATION — City or Town, State
	1 R Buriel 2 Cremation 3 Removal from State Other Control of Cross Cemetery Baltimore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Oneet end Death
	disease or condition resulting in death) e. Sudden Cardiac Death
	DUE TO (OR AS A CONSEQUENCE OF):
Z	Sequentielly list conditione, Due to Jon as a consequence of:
CERTIFICATION	If any, leading to intribute
교 강	CAUSE. (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):
RT	resulting in deeth) LAST Affense less to bleat Disease
DICAL	PART II. Other algnificant conditione contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ğ	
ME	1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: 4 Nursing Home 5 Residence 8 Other (Specity)
λH	27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO
	3 Suicide a Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
ETE	4 Homicide determined
COMPLETED	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
Š	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.
BE (29c. LICENSE NUMBER 29d. DATE SIGNED (Mg/rith, Day, Year)
10	AS244/614-50 > 6/27/90
	JOIGE Perce-Alamo, MD 320/ S. HANDYEN ST BALT, MD 21230
	31. DATE FILED (Magnit), Day, Your) 32. DATE FILED (Magnit), Day, Your) 33. DATE FILED (Magnit), Day, Your) 34. DATE FILED (Magnit), Day, Your)

DALLIMONE, MANILAND ZIZUS-3140	mours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detucted for use as the burial-transit permit. Pages 1, 2	i, or removal,	medical examiner must be notified a only to the common of	TO BECCOMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumafic event, the medical examiner must be notified and any or other traumatic event, the medical examiner must be notified and the control of	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LOCKEORYTS MAME (PTIM, MANSA, LAN) JONAThan R. Hunter Social, SECURITY NUMBER 1, SOCIAL SECURITY SECURITY OF SEATH SECURITY OF SEATH SECURITY OF SEATH SEATH SEATH SECURITY OF SEATH SEATH SECURITY OF SEATH SEATH SEATH SEATH SEATH SEATH SECURITY OF SEATH SEAT
Subscriptive Numbers 1.59AM
Set Analytic Marker (in occ (printing), give street and myCPD1 Baltimore National Pike Set Country (Parker) Set Country (Parker
SS = 42-5454 180 m 2 7 36 765
RESIDENCE OF DECEDENT 106. STATE 106. DOUNTY New Jersey Ocean Lakewood 10 yes 2 No No. STHEET AND MUMBER 820 B Balmoral Ct. 11 WAS DECEDENTE EVER IN U.S., ANNE 12 WAS DECEDENTE EVER IN U.S., ANNE 13 WAS DECEDENTE EVER IN U.S., ANNE 14 WAS DECEDENTE EVER IN U.S., ANNE 15 WAS DECEDENTE EVER IN U.S., ANNE 16 Whidewed 4 Donoresd 17 Yes, 2 No Security 18 No Company 19 White Process 19 White Process 10 Yes 2 No 10 Was DECEDENTE EVER IN U.S., ANNE 11 Yes, 2 No Security 19 White Process 10 Yes 2 No 10 White Process 11 Yes, 2 No Security 10 White Process 11 Yes, 2 No Security 12 WAS DECEDENTE EVER IN U.S., ANNE 13 WAS DECEDENTE EVER IN U.S., ANNE 15 Yes, 2 No Security 15 Yes, 2 No Security 16 White Process 17 Yes, 2 No Security 17 Yes, 2 No Security 18 No Security 18 No Security 19 No Security
No. CATTON No. COUNTY No. COUNTY No. CTY, TOWN OR LOCATION Lakewood No. ZP CODE No. MINISTER STORY No. STREET AND HUMBER No. ZP CODE No. CTY, TOWN OR LOCATION No. ZP CODE No. CTY, TOWN OR LOCATION No. ZP CODE No. CTY, TOWN OR LOCATION No. ZP CODE NO.
New Marks State
Securities Sec
II. MATEL STATUS 12 WAS OCCIDENT EVEN IN U.S., ARMED 12 WAS DECEMENT OF HISPAND CORRES 12 WAS DECEMENT FOR HISPAN
11. MANTAL STATUS 12. WAS DECEMENT EVER IN U.S., ARMED 17. WAS DECEMENT OF RIBSHAND CORNET (Specify Vision Northern Indien, Bleck, Whish, as 1 Yes, aposity, Cubin, Matchin, Puerto Ricen, etc.) 11. Yes, aposity, Cubin, Matchin, Puerto Ricen, etc.) 12. Yes 2 (X NO Specify: White
New Merried 2 Married 1
Specify only highest grade completed) Salesman Salesman Car Dealer
Bemarkey/Secondary (N-12) 12 yrs 1 yr Salesman Car Dealer
Ner's Name (First, Mickel, Learly Elbert Harris Rosemary Gadarian
Elbert Harris Rosemary Gadarian 198. INFORMANTS NAME (%ps=Print) ROSEMARY HARRIS 199. MAILING ADDRESS (Street and Number or Pural Route Number. City or Town. State. Zip Code) Same as #10 209. METHOD OF DISPOSITION (* Comments) and the street of the place of DisPosition (* Number or Pural Route Number. City or Town. State. Zip Code) Same as #10 209. METHOD OF DISPOSITION (* Comments) or Comments or Pural Route Number. City or Town. State. Zip Code) Same as #10 209. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) Same as #10 200. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) Same as #10 200. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) Same as #10 200. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) Same as #10 200. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) Same as #10 200. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) Same as #10 200. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) Same as #10 200. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number or Rural Route Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 200. METHOD OF DISPOSITION (* Number. City or Town. State. Zip Code) 201. METHOD OF DISPOSITI
198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rosemary Harris Same as #10 Same as #10 206. MENDO OF DISPOSITION Commentary or Green place)
ROSEMATY Harris Same as #10 20e. METNOD OF DISPOSITION 20e. LOCATION 20e. LOCATION City or Town, State City Commentary or C
206_PLACE OF DISPOSITION 206_PLACE OF DISPOSITION Name of combelay. Cremetory or ombe placing 206_PLACE OF DISPOSITION Name of combelay. Cremetory or ombe placing 3 not only one class 3 not on
Constitute 2 R Cremetton 3 Removal from State Greenmount 7/3/90 Baltimore, Md.
Leonard J. Ruck, Inc. 5305 Harford Rd. 23. PART I. Enter the diseases, or complications that educed the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory errest, ehock, pr heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ALCOHOL AND DRUG (COCAINE AND IMIPRAMINE) INTOXICATION B. NAYCOTIC INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE
Leonard J. Ruck, Inc. 5305 Harford Rd. 23. PART I. Enter the diseases, or complications that educed the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory errest, ehock, pr heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ALCOHOL AND DRUG (COCAINE AND IMIPRAMINE) INTOXICATION B. NAYCOTIC INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE
23. PART I. Enter the disease, or complications that edused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heert feliure. List only one cause on each line. ALCOHOL AND DRUG (COCAINE AND IMIPRAMINE) INTOXICATION resulting in death) ALCOHOL AND DRUG (COCAINE AND IMIPRAMINE) INTOXICATION onet and Deat interval Between Onset and Deat interval Between Death Interval Between Death Interval Between Onset and Death Interval Between Death Interval Betw
ehock, pr heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ALCOHOL AND DRUG (COCAINE AND IMIPRAMINE) INTOXICATION ALCOHOL AND DRUG (COCAINE AND IMIPRAMINE) INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): DUE TO
AND CASE OF DEATH (Check only one) ## AND CASE OF DEA
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DEATH? 25c. PLACE OF DEATH (Check only one) 4 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 26c. DATE OF INJURY AT WORK? 27c. MANNER OF DEATH 28d. OESCRIBE NOW INJURY OCCURED 27c. MANNER OF DEATH 28d. OESCRIBE NOW INJURY OCCURED 38d. OESCRIBE NOW I
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH Natural 5 Pending POLINIP 6 - 28 - 9(1 1 - 59 AM 1 Yes 2 ANO Incompany 1 Yes 2 ANO Incompany 1 Yes 2 ANO Incompany Incompan
EXAMINER? HOSPITAL: OTHER: MOTE
27. MANNER OF DEATN 260. DATE OF INJURY (Month, Day, 'Near) 1 Netural 5 Pending FO[IND: 6-28-9() 1-592M1 1 Yes 2-200 [Inkontwin]
27. MANNER OF DEATN 260. DATE OF INJURY (Month, Day, 'Near) 1 Netural 5 Pending FO[IND: 6-28-9() 1-592M1 1 Yes 2-200 [Inkontwin]
1 Natural 5 Pending FOUND: 6-28-90 1.59AM 1 □ YES 2√2NO Unkonwn
2 Accident 2 Accident 2 See, PLACE OF INJURY — At home, farm, street, factory, office 26f, LOCATION (Street and Number or Rural Route Number,
4 Homicide determined Westgate Motor Inn/6401 Balt
29e. CERTIFIER (Check only one) **MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner se stated. **MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner se stated. **MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.
290. SIGNATURE AND TITLE OF CERTIFIED 290. LICENSE NUMBER OCME 291. DATE SIGNED (Month, Day, Year) 6-28-90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Princ)
Mario F. Golle, Jr., MD 111 Penn Street, Baltimore, MD 21201 v
31. DATE FILED (1917) Doy 109 1990 32 FEGISTRADE SIGNATURE AND SIGNATURE



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lest)	LVA E. HUSEY	′				2. DATE JUNE	27, DA	Y990 YE	4.00	TIME OF 0	
	212-16-4909 1 - M 2 X) F 68 YRS. MONTHS DAYS HOURS MIN. 8-20-1921 Ma								ary)	ACE (State)	or Foreign	
TOR	96. FACILITY NAME (If not institution, give street and number) Prancis Scott Key Medical Center Baltimore City RESIDENCE OF DECEDENT 96. COUNTY OF DEATH											
DIRECTOR										1	d. INSIDE LIMITS?	× No
FUNERAL	100. STREET AND NUMBER 101 Center Place A				2	1222			U.S.	Α.		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 NO			ENDENT OF HISPAN Icity Cuben, Mexice 2 X NO Specifi	n, Puerto I			RACE — Black, W Specify: hit	American Vhite, atc.	Indien,
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementery/Secondery (0-12) C	ON spleted) college (1-4 or 5+)	(Give kind of life. Do NOT u	work done se retired.)	during mos	at of working			INESS/INDUST			
COMP	17. FATHER'S NAME (First, Middle, Last)	2	Superiv	iteno	lent	Medical 18. MOTHER'S NA	ME (First, I	Middle, Maiden	Surname)	. Hoz	spite	il
9	James Hoffmaster 190. INFORMANT'S NAME (Type/Print) E. Diane Clarke					Bessie Avenue	Route Numi	ber, City or Town	n, State, Zip Coo	,	0.6	т
	20a METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State	PLACE OF DISPO	SITION (N	eme of cen with	cem. 6-3	30-19	20c. LO	cation — Chy timore	or Town,	State Crulo	and
	21. BROMATURE OF FUNERAL SURVICE LICENS Nam W.	Fish		1 22 T	name an	DADDRESS OF FA Ruck Fur Wise Aug	cility Ieral	Home	of Dun	dalf	k, Ir	ic.
	23. PART T. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart feliure. List only one cause Dn each line. IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PERFORMED? AWA COM						AILABLE P	OF CAUSE				
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only or	10)				
YSIC		OSPITAL: Inpatient 2 ER/Outpat	tient 3 DOA	OTHE 4 □ Nu		e 5 🗆 Residence	8 🗆 Othe	r (Specify)				
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		JURY M	1 🗆 1	RK? YES 2 NO	28d. DE:	28d. DEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: 0									HUSO(O) O	nd menner	ee stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER MULL					29c. LICENSE NU	598		PM. DATE SI	DAMED IM	2/9	Mear)
	404 Easter	OMPLETED CAUSE OF DEAT	130	e. Print)	ZIN	nd 2	-12	21	7	anda Francia	/	
	31. DATE FILED JUL DOY 003 1990	Juna Davido	on-Handa	2								

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delicity was firstly to

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Treducing after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exament makes, pulled at once.
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	124	ly fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	the
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

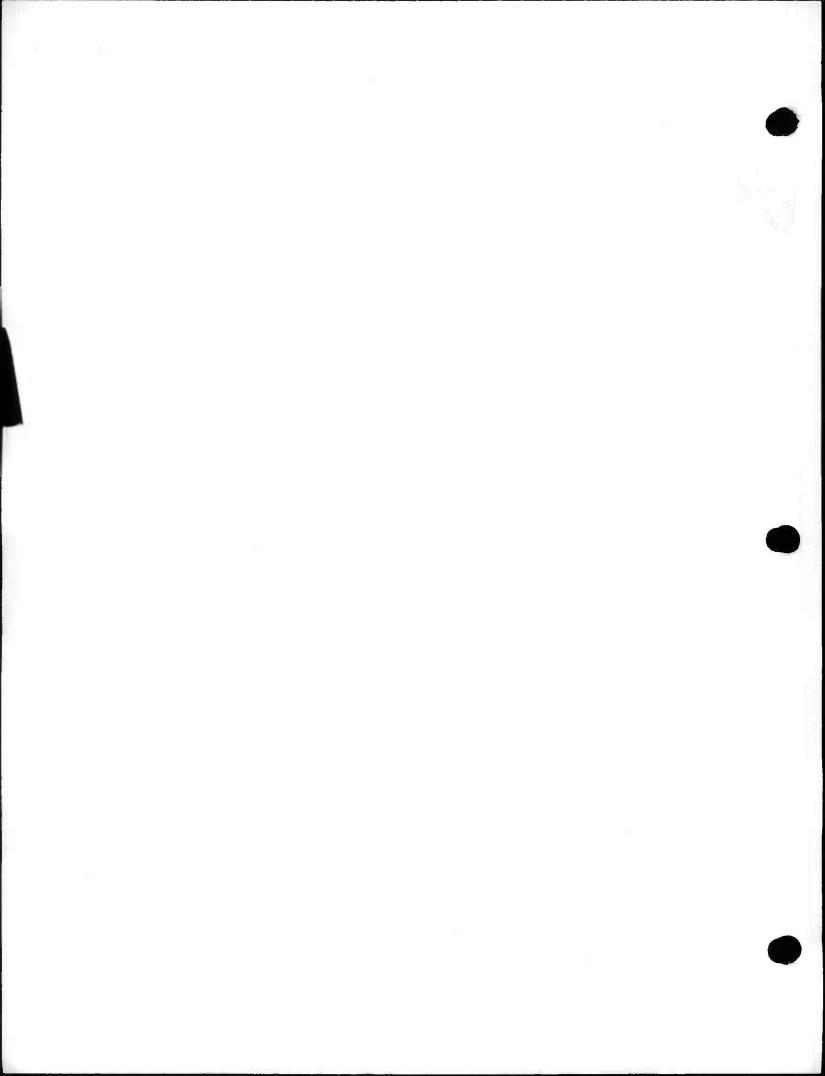
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH	
	CLARENCE	WILLIAM	3	HOGA	ARTH, JR		, 1990		
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (/		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		NRTHPLACE (State or Foreign country)	
	577-01-0909	X M 2 □ F 82	YRS. MOI	THS DAYS	HOURS MIN.	(Month, Day, Ybar) June 18,	1908 W	ashington D.C.	
	9a. FACILITY NAME (If not institution, give street	et and number)	9b	CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
6 B	7407 Locust Drive Hanover				r		Anne A	rundel	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	
DIRECTOR	Maryland Anne Arundel Hanover						LIMITS?		
ا د	10e. STREET AND NUMBER 10f. ZIP CODE					10g. CITIZEN	OF WHAT COUNTRY?		
M M	7407 Locust Drive				1076		U.S		
FUNERAL		2. WAS DECEDENT EVER IN	U.S. ARMED			IIC ORIGIN? (Specify Ye		RACE — American Indian.	
	1 Never Married 2 Married FORCES? 1 YES 2 NO							Black, White, atc. Specify: White	
B	3 🖔 Widowed 4 🗌 Divorced						WIII CC		
	15. DECEOENT'S EDUCAT (Specify only highest grade co.		18a. DECEDENT'S USU (Give kind of work	done during mo		18b. KIND OF BU	ISINESS/INDUST	RY	
<u> </u>		Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)							
M		lyear	Manageme	anagement C&P T				e Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Clarence Wi	lliam	Hogarth	C 20	18. MOTHER'S NAI	ME (First, Middle, Maider	n Sumame) Johuston		
BE		IIIam	Hogarth		-				
0	19a. INFORMANT'S NAME (Type/Print)		The state of the s			Route Number, City or Tox			
	Mrs. Dorothy S. Sk					nover, Md			
	METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remove	al from State	other place)				CATION — City	C. I. C.	
8	Oonation 5 Other (Specify)		edar Hill		CY ID ADDRESS OF FAC		tland,	Maryland	
8	SIGNATURE OF FUNERAL SERVICE LICEN	9//				ral Home		21061	
	n. Alevac	1 Seceond Ave. S.W. Glen Burnie, Maryland							
	23. PART i. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, shock, or heart feiture. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a consequence of):								
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d								
PHYSICIAN: MEDICAL	PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
A	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SIC		HOSPITAL:		THER:	e 5 Residence	8 Other (Specify)			
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW				INJURY OCCUR	ED	
	1, Natural 5 Pending	(Month, Day, Year)	INJUR		RK? YES 2 NO				
TED BY	2 Accident investigation 3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (St				28t. LOCATION (Street City or Town, State	reet and Number or Rural Route Number, State)		
COMPLETED	Sa. CERTIFIER (Check only one) MEDICAL EXAMPLE On the basis or axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
ш	NO SIGNATURE AND TITLE OF CERTIFIED	29c, LICENSE NUMBER 29d, OATE SIGNED (Mont							
m	Jana H	() Sect	12194	19419 DU		ne 30, 1990			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED-CAUSE OF ME	MTH (ITEM 27) (Type, Pri	int)		,			
1									
	Dr. Diana H. Griff		Caton Ave.		more, Ma	ryland	21229		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Mors after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			SHIIF	CATE	JF DE	АІП	R	EG. NO.			
		_illian	R.		Johns	on		2. DATE OF I	DAY	1990	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-28-5743	5. SEX 1 M 2XXF	. AGE (In yrs. las	YRS.	IF UNDER 1 YE MONTHS DA	EAR IF U	IDER 24 HRS.	7. DATE OF E (Month, Det		2	8. BIRTHE Country	PLACE (State or Foreign Md
OR	9e. FACILITY NAME (If not Institution, give st 642 5th A	,			96. COUNTY OF DE BÂRTIMORE						ATH	
£ 1	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	,			r, town or L Idsdowi							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
7	10e. STREET AND NUMBER			10f. ZIP CODE				10g. CITIZEN OF WHA				HAT COUNTRY?
NER/	642 5th Avenue	12. WAS DECEDENT		21227				USA				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	NAMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— if yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 — YES 2 NO Specify:					Black, Specify	American Indien, While, atc. Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)				USUAL OCCU work done during se retired.)	PATION ng most of w	orking	16b. KIND OF BUSINESS/INDUSTRY				j.
탈												
BE CO	17. FATHER'S NAME (First, Middle, Last) Edward Deeden						oother's NAM Georgi			Surneme)		/
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS (S	treet and Nu	mber or Rural R	loute Number, (City or Town	n, State, Zip	Code)	
2	Kim M. Jackson			642	5th	Aven	ue La	nsdown	ne M	1d 21	227	
	20a. METHOD OF DISPOSITION		20h PLACE					113dOWI				yn State
	20e. METHOD OF DISPOSITION 1 \[\times \] Semination \[3 \] Removal from State 4 \[\times \] Donetion \[5 \] Other (Specify) \[\] 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Arbutus Memoria \[\times \] Arbutus Memoria \[\times \] Arbutus Md											
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE MA	rch		Mar	th F	oress of fac /H Wes Wabash	t	10			
\equiv	23. PART I. Enter the dieeeees, or	complications that	caused the d	eeth. Dp	_					ratory en	reet.	Approximete
	shock, or heert fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in deeth) PRE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
2	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST CENTL MATALLER OUE TO (OR AS A CONSEQUENCE OF): 14 ALNUTRITION											
	thet initiated events	OUE TO (C	R AS A CONSE	QUENCE O	F):							i
	reculting in deeth) LAST	d	NUT	2117	ON							
	PART il. Other eignificent condition	ne contributing to d	eeth but not	reculting	in the unde	rlying ceu	se given in	Part i 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
FDICAL						,	9		PERFOR	MED?		AWARLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
-								_				
AM	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATH (Ch	eck only one)				
Sic	EXAMINER?	HOSPITAL:	EB/Outpetlant	2 🗆 004	OTHER:	. Hama di	former	a 🗆 O# (0				
PHYSICIAN: M	27. MANNER OF GEATH	260. DATE OF II		28b. TII		ic. INJURY	Residence	26d. DESCR		N.ILIBY OC	CHRED	
	1 Natural 5 Pending	(Month, Day			JURY	WORK?						
ВУ	2 Accident Investigation	28e. PLACE OF	INJURY — At h	ome ferm				26f. LOCATIO	ON (Street)	and Numbe	v or Rural F	rude Number
TED	3 Suicide 6 Could not be 4 Homicide determined	building, e	tc. (Specify)		,	,			own, State)			,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN) end manner ee stated.
	29b. SIGNATURE AND TITLE OF COMME				A		LICENSE NUM					
BE	oke pu	uccel	Ma.	m	2	290) 2.5	274		Pag. DAI	Z_	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLER	OF OFATH /IT	EM 27) /Em	9 Print1		,	-71			7-	2015
	\$ JOSEPH BU	SCEMI	2 Mil	ر ک	501	Vo.B	ROAD	WAY	Sui	NE 4	109	BALTIMORE
	31. DATE FILED (MONTH PAY YOUR)	32 REGIST	RE									



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	filled in by the funeral director, page 5 should be detached the	val,	IT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 🤎
	ed In by t	or remov	medica
	npletely fille	in 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or rem	vent, the
	ERAL DIRECTOR; After this certificate has been signed by the attending physician and con-	to burial,	ımatle en
	g physicia	lene prior	ther trau
	e attendin	ental Hyg	ury, or o
	ed by the	h and M	any Inju
	een signi	of Healt	Shows :
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ransit permit, Pages 1, 2, 3 should

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	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Carol	yn Fra	ances Ja	godzins	ki	2. DATE OF DEATH MONTH 6-30-90	NY YEA	3. TIME OF DEATH 1:05PM M				
	(1 00)	5. SEX 6. AGE (IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry) MoL				
NG.	90. FACILITY NAME (If not Institution, give street 617 47th Street	eet and number)			Harbor		Baltin	nore County				
DIRECTOR	10e. STATE 10b. COUNTY	altimore		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?				
RAL D	100. STREET AND NUMBER 617 South 47th.				2/224		1000	1 □ YES 2 ₩ NO DF WHAT COUNTRY? S.A.				
BY FUNERAL		12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No b, specify Cuben, Mexican, Puerto Rican, etc.) YES 2 XNO Specify: Specify: Specify:									
COMPLETED B	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondery (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ON sst of working	18b. KINO OF BU		***************************************				
	Housework 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
TO BE	John E. Burnham Loretta Elizabreth Madsen 196. INFORMANT'S NAME (TyperPrint) Richard A. Jagodzinski 617 S. 47th. St. Baltimore, Md. 21224											
	20s. METHOD OF DISPOSITION 1 State Schedule Sche											
	21. SIGNATURE OF FUNERAL SERVICE LICE		~	22 NAME A	ND ADDRESS OF FAC	iler & Son	Inc.	6224 astern Ave.				
	23. PART I. Enter the diseases, or conshock, or heart fellure. L							Approximate Interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Arteriosclerotic cardiovascular disease Oue TO (OR AS A CONSEQUENCE OF):											
NOIL	Sequentially list conditions, if any, leading to immediate											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
- I	PART II. Other algnificent conditions	s contributing to death	but not regulting i	n the underlyin	o cause given in	Part I. 24e. WAS AI	ALITOPSY	24b, WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	Seizure disorder	-	but not resulting i	ii ala dildaryii	ng cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
N.								XI∕OXYES 2 □ NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX S 2 □ NO	HOSPITAL:	1 DOI	OTHER:	LACE OF OEATH (Ch							
	27. MANNER OF DEATH XXX Natural 5 Pending	1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED				
тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, a scrify)	treet, factory, offi	C⊕	281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,				
COMPLETED	(Crieck only	CIAN: To the best of my known						iuse(s) end manner ee stated.				
BE	296- STGNATURE AND TUTLE OF CENTURISE	An			29c. LICENSE NUMBER OCME 29d. DATE SIGNED (Month, Day, Year) 7-1-90							
5	30. NAME AND ADDRESS OF PERSON WHO FRANK PERETTI, MD		EATH (ITEM 27) (Type,	Print) 111 Pe	enn Stree	t,Baltimon	ce,MD 2	1201 vc				

DHMH-16 Rev 1/89

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page 5 should be detached for use as the

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after death.

permit. Pages 1, 2, 3 should

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DIVISION OF VITAL DECORDS, T.O. DOX 10130,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mm	more as proportion, about the source has been alread by the observation opening and completely filled
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -Fleanor F CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH JOHANSON DAY 90 LEANORE. 1:50 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-40-1046 (Month, Day, Year) 03/12/14 DAYS HOURS 1 🗆 M 2 💢 F 76 YRS. WISCONSIN 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOSEPH'S BALTIMORE HOSPITAL TOWSON DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto. Parkville 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1247 Deanwood Rd. 21234 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 Never Married 2 Married Specify: White 1 TES 2 NO Specify: 3 Widowed 4 Divorced BY 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Gindt Elizabeth H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 21093 Mrs. Sandra J. Bunch 116Springside Dr ě 20a, METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval figure State PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State must Moreland Memorial Pk. 7/5/90 Balto. Md. 4 Donation 5 Dther (Specify) 22. NAME AND ADDRESS OF FACILITY examiner male 1050 York Rd. 21204 Ruck Towson Funeral Home, Inc. in by the medical 23. PART 1. Enter the diseases, of complications that ceused the death. Do not enter the mode of dying, such se cerdiec or respiratory erreat, ehock, or heart feliure. List ghily one ceuse on each line. Approximate Interval Between ò Oneet and Deeth IMMEDIATE CAUSE (Finel the - the brist cremation, disease or condition Cincinama yes event, recuiting in deeth) OUE TO (OR AS A CONSEQUENCE OF) prior to burial, o CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, leeding to immediate prior ceuse. Enter UNDERLYING CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEQUENCE OF): The attending pri Mental Hygiene thet initiated events resulting in deeth) LAST injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINOINGS MEDICAL and PERFORMED? AVAILABLE PRIOR TO any COMPLETION DF CAUSE OF DEATH? Signed Health a 1 TYES 2 T NO shows a 1 YES 2 NO of H ICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate his item **EXAMINER?** OTHER: PHYSIC 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA ng Home 5 🗆 Rasidence 8 🗆 Other (Specify) 4 🗆 Nurs 5 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with C 1 Natural 5 Pending м 1 YES 2 NO BY After 1 death 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is a 6 Could not be determined COMPLETED after 4 Homicide DIREC tem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attended. 4 2 = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: P 296. SIGNATURE AND TITLE OF CERTIFIER

Mitterday J., de tem, M. J.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27), (Type, Print)

1. A. J. J. J. A. N. N. N. E. L. E. O. C. J. S. T. JOSE PH HOSPITAL, TOWSON, MD
21. 20. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2

32 REGISTRAR'S SIGNATURE

Randelle

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203-3146

BALTIMORE, MARKER

retair and a strending physician.	5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should		notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained an attending physician.	1 THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deficient use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or femoval.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILM (Abrith, Pay Jos 990)

	1 - STATE STATE OF MARYLANI		CATE OF		MENIAL HYGIEN REG. NO	t	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	CHARLES H. KING				7	1 9	0 1215 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign Country)
	.0	YRS.			7-26-23		MP
ا _ش ا	9a. FACILITY NAME (If not institution, give street and number)			R LOCATION OF D	EATH	9c. COUNTY	TO COUNTY
DIRECTOR	ST. JOSEPH HOSPITAL RESIDENCE OF DECEDENT		Tows	310, MB		044	COUNTY
1 2	10a. STATE 10b. COUNTY		, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Mb	BA	LTO. M				1 X YES 2 ND
AR	10e. STREET AND NUMBER		101	JID CODE		10g. CITIZEN	OF WNAT COUNTRY?
FUNERAL	3205 TAYLOR AVE - 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ADMED		-	NIO DEIONO (016. V-	<u> </u>	S'.A.
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT FYER IN U.S FDRCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe	ecify Cuban, Maxic	NIC DRIGIN? (Specify Yea an, Puarto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
₩	3 Wildowed 4 Divorced WWII		I TES	2 NO Speci	ry.		ite
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of v	USUAL OCCUPATIO	ON st of working	16b. KIND OF BU	SINESS/INDUST	RY
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)		Dalta Ci	±	Dont
COMPLET	12 Yrs.	irefigh	iter	18 MOTNED'S N	Balto. Ci		vept.
	Stephen L. King				rossman	Survaine	
BE (19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Coc	de)
5	Dolores D. King	3225 1	Taylor A	ve., Bal	to., Md. 2	1234	
	20e, METHOD DF DISPOSITION 20b. PL	ACE DF DISPOS	SITION (Name of cert	netery, crematory or	20c, LC	CATION — City	
	4 Donatton 5 Other (Specify)	ar Hill	Cemetery	7-5-90	Broo	oklyn, Mo	j
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. CATHEY	. 1	22. NAME AN	ND ADDRESS OF F	ACILITY		
2.0	Roy H. Cather		Leonard	J. Ruck,	Inc.,5305 Ha	rford Rd	.,Balto.,Md.21214
	23. PART i. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each	daath. Do r	ot entar tha mo	da of dylng, su	ch as cardiac or resp	iretory arrest	Approximata
	IMMEDIATE CAUSE (Final	1	1 6				Onset and Daath
	disease or condition a. Oue TO (OR AS A C	itic 6	shock				1 day
	OUE TO (DR AS A CP)	NSEQUENCE OF	F):				1120
CERTIFICATION	Sequentially list conditions, DUE TO (DR AS A CO	ASEQUENCE OF	F):	V A)
AT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	u to	insuch	falu	٩		! I wk
Ē	ther initiated availts		F):	0			, 4
ERI	resulting in death) LAST	hogen	ie also	cl			1 WR
C	PART II. Other aignificant conditions contributing to death but r	ot resulting	in the underlying	g causa givan ir	Part i. 24a. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED							DF OEATH?
ž							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			LACE OF OEATN (C	heck only one)		
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetien				8 Other (Specify)		
표	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	IURY WO	PURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO
B	2 Accident Investigation	M home form		YES 2 NO	28f. LOCATION (Street	and Number or	Dural Doub Number
	3 Suicide 6 Could not be determined 200. PLACE OF INJUSTY — 1	a nome, term,	street, rectory, orne	•	City or Town, State		nural houte humber,
COMPLETED	29a. CERTIFIER	a doubt	and and sub-and-and-and-and-and-and-and-and-and-and	and also are at the			
MP	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) Description on the basis of axamination and the control of the cont						suse(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		,, opinioli, C	29c. LICENSE NU			
BE	Co Prod OP				937	29G. DATE SI	GNED Month, Den Year)
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN	(ITEM 27) (Type	Print)	17 66	1-1		11/10

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	is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
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death	S ma
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH, DAY 1. DECEDENT'S NAME (First, Middle, Last) Viola P. Lietuvnikas 3. TIME OF DEATH 1730 06 AM 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. HOLIBS 1 M 2 W 217-22-1544 Mississinni 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY Maryland Baltimore 1 X YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5405 Walther Ave. 21214 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 YO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade co during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 8 Yrs Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samue1 George Nora BE Young 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 Geraldine Jackson 7469 Rabon Ave. Balto 21222 Md 20a, METHOD OF DISPOSITION
1 X Buriet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Holy Redeemer Cemetery 7-2-90 Balto., 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Roy H. Cather Roy H. Cather Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 diaeasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 23. PART i. Enter the Approximate ahock, or heart fallure. List only one cause on each line. intervai Batween **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART ii. Other aignificant conditione contributing to deeth but not resulting in the underlying ceuee given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | YES 2 1 stient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED. Could not be 4 | Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. COMPL 2 MEDICAL EXAMINER: On the basis of examin ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 品 9 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

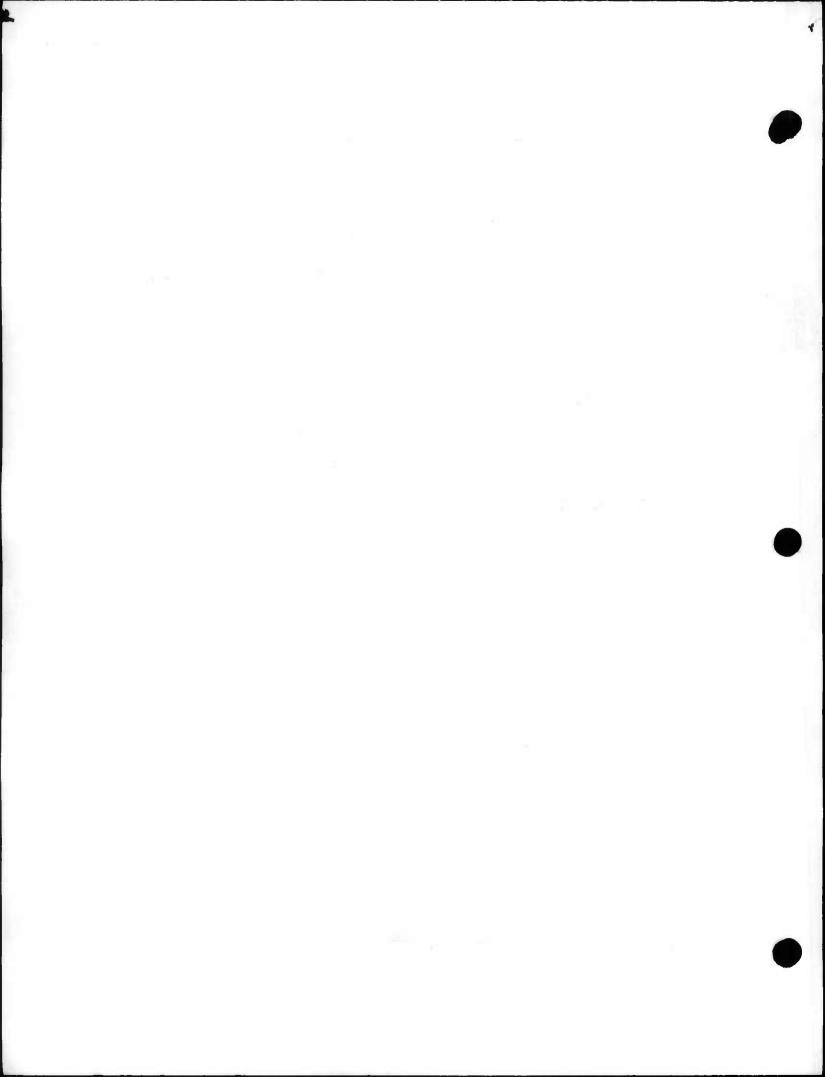
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LOUA RAVEN BLUD



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 5. SI			ICATE O		REG. NO		
4. SOCIAL SECURITY NUMBER 5. SI					2. DATE OF GEATN		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SI	INSKY (Mi	cinski)			June 27,	"1990 YEAR	8:30 p w
2/2_00_5/14		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTN	6. BIF	TTNPLACE (State or Foreign
212-07-)117	M 2 52 F	89 YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Year) 04 / 3 0/	Col	Md.
9e. FACILITY NAME (If not institution, give street as			9b. CITY, TOW	N OR LOCATION OF O		9c. COUNTY OF	OEATN
Franklin Square Ho.	spital		Balt	altimore County			
10e. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
Md. Balti	more		Middle	River			1 TES 2 NO
40 Beech Drive Apt.	1-A			101. ZIP COOE 2/220		10g. CITIZEN O	F WHAT COUNTRY?
1 Never Merried 2 Merried	MAS OECEOENT EVER FORCES? 1 YES FYES, GIVE WAR OR	2 NO	If yes,	DECENDENT OF NISPAI specify Cuben, Mexica (ES 2 X NO Specif		BI	ACE — American Indian, ack, White, etc.
15. DECEOENT'S EDUCATION	N	18e. OECEOENT'S			18b. KINO OF BU	SINESS/INOUSTRY	
(Specify only highest grade compliance (Specify only highest grade (Spec	lege (1-4 or 5+)	(Give kind of life, Do NOT a	work done during use retired.)	most of working			
7		(haru	woman.			ospital	
17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surneme)	
Larry Nowicki				Elizab			
190. INFORMANT'S NAME (Type/Print) Lillian Marcinski			Whitcom		Apt. F. Ba		
20e. METNOO OF DISPOSITION 100 Buriel 2 Cremetion 3 Removat for the Donation 5 Other (Specify)	rom State	other place),	eart of	cemetery, cremetory or		CATION — City of	Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	E	Jacobal H	7	-0-	<u>netery Du</u>		C. C
· Charles &	Zule	~	Cha	rles S. Zi	eiler & Soi	r Inc.	ON S. Conkling St.
	Tzheimer OUE TO (OR AS TOSEPSIS DUE TO (OR AS		OF): OF):				Interval Between Onset end Deeth
a	ntributing to deeth	but not reculting	in the underly		Book I Con 1980 As	ALITTORION	
PART II. Other significent conditions con				ying ceuse given in	Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
PART II. Other significent conditions condit			-		1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	dentilare 2 PCC	OTHER:	I, PLACE OF DEATN (C/	PERFO 1 TYES:	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	SPITAL: Inpatient 2 _ ER/OL 28e. OATE OF INJUR		OTHER:	I. PLACE OF OEATN (C)	PERFO 1 YES :	RMED? 2 ¶ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO	Inpatient 2 ER/O	Y 28b. TI	OTHER: 4 Nursing I	I, PLACE OF DEATN (C/	PERFO 1 TYES:	RMED? 2 ¶ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO	Inpatient 2 ER/O	Y 28b. Ti	OTHER: 4 Nursing P ME OF IJURY M 1	Nome 5 Residence INJURY AT WORK? YES 2 NO	PERFO 1 YES :	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO	Inpetient 2 ER/Ou 28e. OATE OF INJURY (Month, Day, Yeer 28e. PLACE OF INJUI building, atc. (S)	Y 28b. Ti	OTHER: 4 Nursing I ME OF JURY M 1 street, factory, c	Nome 5 Residence Nome 5 Residence NUMBER TWO NO VES 2 NO	PERFO 1 YES 2 Other (Specify) 28d. OEŞCRIBE NOW 28f. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Rui	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER	Inpatient 2 ER/Os 28e. OATE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, atc. (S) To the best of my knx the best of examinat	Y 28b. Ti in RY — At home, farm, occily)	OTHER: 4 Nursing I ME OF UJURY M 1 [, street, factory, c	Nome 5 Residence INJURY AT WORK? YES 2 NO office	PERFO 1 YES: 8 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me time, date and place, as	and Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO ral Route Number,
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	28e. OATE OF INJUR 28e. OATE OF INJUR (Month, Dey, Year 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, atc. (S) To the best of my knx the best of examinat	Y 28b. Ti PRY — At home, farm, pecify) at home, farm, powiedge, death occur ifon end/or investigat	OTHER: 4 Nursing I ME OF UJURY M 1 (, street, factory, c	Nome 5 Residence Nome 5 Residence NUMBER 2 NO Office dete end place, end due n, death occured at the	PERFO 1 YES 2 Other (Specify) 28d. OESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(e) end me time, date and place, and	INJURY OCCURED and Number or Ru nner ee stated. and due to the cause 29d. OATE Stgri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO ral Route Number,

ansit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 23 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jurs after death. Page 6 may be retained by the hospital THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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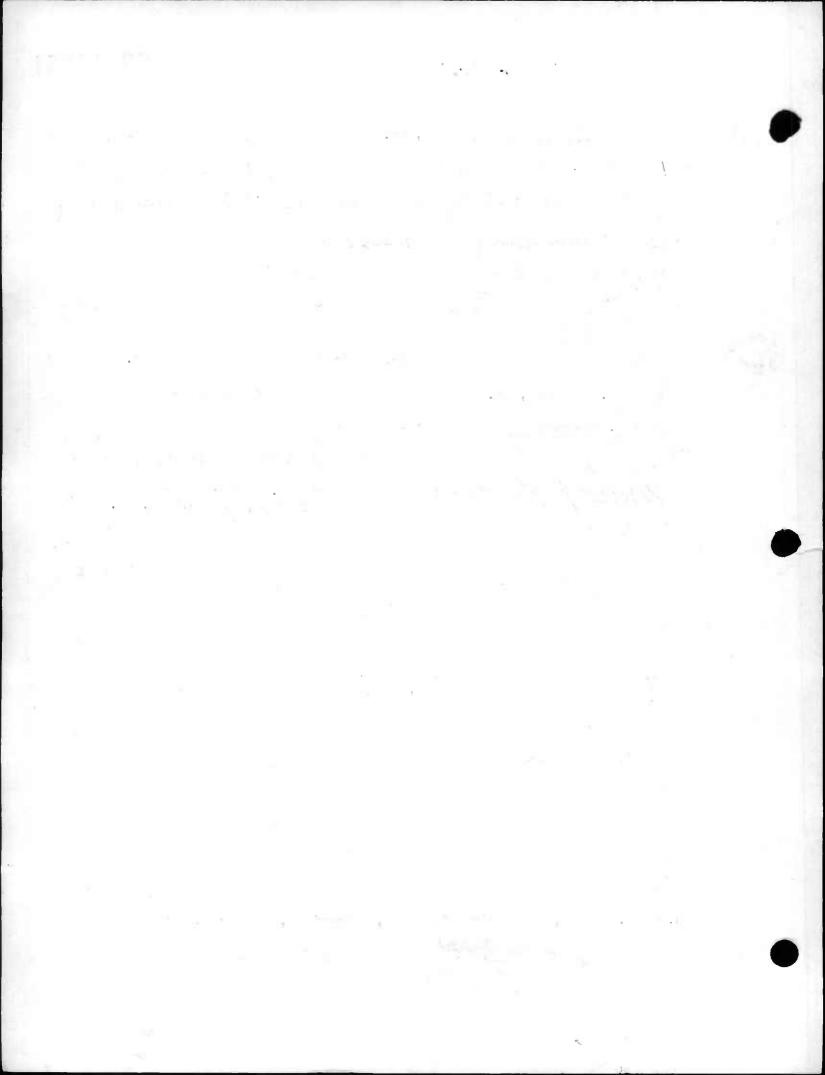
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMN-16 Rev 1/89

STY . Live or . in section 50% for •

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN				YGIENE EG. NO.				
,		1. OECEDENT'S NAME (First, Middle, Last)	M	_			2. DATE OF I		YEAR	3. TIME OF DEATH		
15+1		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF UNI			6	27	90	PLACE (State or Foreign		
		219-12-2554	1 M 2 D F	S YRS. MONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da	y. 16ar) 13-24	Country	aryland		
2, 3 should	OR		luantist Hos	11/	ry, town o	R LOCATION OF DE	Mol		nonto	9 DMey		
	ECT	10e. STATE 10b. COUNTY	Y	10c. CITY, TOW						10d. INSIDE CITY		
46 physiclan. burlat-transit permit. Pages	DIRECTOR	MD Ma		Roc	kui.	lle				LIMITS? 1 XYES 2 NO		
nsit per	FUNERAL	100. STREET AND NUMBER	e Road			20852	-	10g. C	US!	HAT COUNTRY?		
3146 ing physiclan. the burial-trar	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 🔀 YES IF YES, GIVE WAR OR DATE 1 94	2 NO	If yes, spe	ENOENT OF HISPAN ecify Cuben, Mexicar 2 NO Specify	n, Puerto Ricei		- 14. RACE Black Specif	- American Indian, i, White, etc.		
203-3146	ertéo	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USUAL (Give kind of work do. life. Do NOT use retire	ne during mo:	N st of working	18b. KIN	O OF BUSINESS	INOUSTRY			
0	MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Police						Police Dep		
A TO	8	17. FATHER'S NAME (First, Middle, Last)	C			18. MOTHER'S NAI			»)			
MARYL e retained by e 5 should be notitied at	86	Howard S. Musg:	rove, Sr.	19b. MAILING ADDR	ee /Stmot e			arsley	Zin Codel			
MARY retained 5 should notitied	2	Hazel M. Musgre	ove	same as		TO NUMBER OF FIGURES F	iodie Number, (ony or lown, State,	ZIP COOE)			
		20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Rem	20b. F	PLACE OF DISPOSITION other place)		netery, cremetory or		20c. LOCATION				
Page 6 may al director, pa		4 Donetion 5 Other (Specify)		Parl		Cemeter		Rockvi	lle,Ma	aryland		
ALT death. funera		21. SIGNATURE OF FUNERAL SERVICE LI	X-Bar	he	M	uriel H.	Barbe					
hours aft of in by to or remo		23. PART i. Entar the diseases, preshock, or heart fellure.	complications that caused that only one cause on each							Approximata Interval Batween Onset and Dasti		
		disesse or condition resulting in death)	RESPIRATO	ORY FAILURE	E					ACUTE		
146, ted within completely ial, cremati, event, t			11.00	CONSEQUENCE OF):						YRS.		
OX 1314 be executed sician and coming to burial, traumatic or	ON	SEVERE COPD DUE TO (OR AS A CONSEQUENCE OF):										
OX Be be be be bicitan	RTIFICATION	cause. Enter UNDERLYING CIGARETTE SMOKING										
	E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):								
o the bud	CERI	resulting in daath) LAST	d									
at the deat by the att and Mental y injury,	A	PART II. Other significant condition CARCINOMA OF THI	ns contributing to death but	t not resulting in tha	undarlying	g cause given in	Part I. 24	e. WAS AN AUTOP: PERFORMED?	SY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
FAL RECORDS The law requires that the ten has been signed by the Dept. of Health and it em 23 shows any in	MEDIC	DIABETES MELLI		SHING'S SY	VDROM	E	1	YES 2 NO		DF DEATH?		
W required to the control of the con	2	OSTEOPOROSIS	ARRHYTH	MIA			-			TES ZENO		
ITAL R N: The law icate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)					
VITAL ICIAN: The la sertificate has the State Del or item 2:	YSIC	1 TYES 2 NO	HOSPITAL: 1 Ninpatient 2 ER/Outpat	tient 3 DOA 4 D	Nursing Hom	e 5 🗆 Residence	8 Other (S	pecify)				
PHYSIII of this of with the wi	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WC	URY AT PRK? YES 2 NO	28d. DESCR	IBE HOW INJURY	OCCURED			
ISIO TTEND TOR: A after d	ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specifi	At home, ferm, street,	factory, offic		281. LOCATIO City or To	ON (Street and Nun own, State)	nber or Rural F	Route Number,		
OR OH	COMPLET	29s. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	dge, death occurred at ti	ne time, date	and place, and dus	to the cause(s) and manner as	stated.			
SPITAL NERAL hin 72	NO.		ER: On the basis of examination	and/or investigation, in n	ny opinion, d	leath occured at the	time, date and	d place, and due t	o the cause(s	i) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL I Be filed within 72 h IMPORTANT: It i	BE	296. SACHATURE AND TITLE OF CERTIFIE	MD			29c. LICENSE NUI	P 3		DATE SIGNED	Month Day (Mar)		
	유	MANUE AND ADDRESS OF PERSON WI								1		
		DRJohn S. Saia	, 809 Veirs N		Rocl	xville, N	Maryla	nd 20850	<u> </u>			
	I	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TUME								



0	700	,ë
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death, P.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral has filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examing
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the specified within 72 hours after death with the State Debt, of Health and Mental Hydlene prior to burlal, cremation, or removal.	2

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30			4. SOCIAL SECURITY NUMBER	5	i. SEX	8. AGE (II			IF UNDER 1 YE
			220-18-7268	1	<u>√</u> M 2 ☐ F		81	YRS.	ION THS DA
	3 should		9a. FACILITY NAME (If not institution,						9b. CITY, TOV
		8	131 Versaille	s Ci	rcle			- 1	Tow
	1, 2,	Ĕl	RESIDENCE OF DECEDEN						
	ages	DIRECTOR	10e. STATE 10b. CC						TOWN OR LO
	ing prysician. the burial-transit permit. Pages 1,	_	Maryland	Ba1	to.			T	owson
	med	N N	10e. STREET AND NUMBER						
10	ansit	FUNERAL	131 Versaille	s Ci	rcle				
-	ial-tr	5	11. MARITAL STATUS	. 1	2. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARI		13. WAS
1	e pr	ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced		IF YES, GIVE V				1 🗆
1	or attending priystcian, r use as the burial-trar			1					1
	use	COMPLETED	15. DECEDENT'S (Specify only highest				{Gh	ve kind of wo Do NOT use	ork done during
Tan I	detached for use	۱۳	Elementary/Secondery (0-12)	1	College (1-4 or 5	+)	mo.	Sa1	
the Lange	acher	M						Dal	25
4			17. FATHER'S NAME (First, Middle, Las						
1	aid be	H		Mu1h	nern				1000
	5 should notified	2	19e. INFORMANT'S NAME (Type/Print)				196		ADDRESS (Str
- 1	8 8 8		Mrs. Elizabet	n C.	Mulher				me as
1	ector, pag must b		20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 C 4 Donation 5 Other (Specify)	Removi	of from State	20b.	other pla	OF DISPOSI	Ceme t
	tuneral director, xaminer musi			-		-4	wgoo	llawn	
4	e funeral dir examiner		21. SIGNATURE OF PUNERAL SERVI	V LICES	V// /		/		22. NAM
1	e = e		Mall (4	Miller	X	-		I
4	d in by the or removal		23. PART I. Entar the diseases						ot antar tha
h	De o		shock, or heart fall IMMEDIATE CAUSE (Final	iura. Li	at only one car	use on a	ich iina	•	1
			disease or condition		CI	ANC	FR	2 0	FT
. 1	completely completely ial, cremati event, tl		resolding in death)	a.,		-	-	DUENCE OF):
	executed within and completely to burial, cremat matic event, 1	z		b.					
	sician and c rior to buria traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate		DUE TO	(OR AS A	CONSEC	DUENCE OF):
1	physician ne prior t	8	cause. Enter UNDERLYING CAUSE (Disease or Injury	۵.					
4	ing phy glene p		that initiated events		DUE TO	(OR AS A	CONSEC	DUENCE OF):
	deam certingal attending phy attal Hyglene in ty, or other		reaulting in death) LAST	d.					
	aw requires mat the dearn certificate is been signed by the attending physic ept. of Health and Mertial Hyglene prints shows any injury, or other tr		PART II. Other significant con	ditiona	contributing to	death b	ut not r	eaulting is	n the under
1	and the	DICAL	CORON				_	-	
	igned by earth an	à							126
	w requires man been signed to be. of Health au shows any	ME	MYOCARDI	AL	INF	MEA	Ti		ILUR
	law be be Dept.	AN:	CONG		TIVE	HCK	FR7	14	ILUK
í			EXAMINER?	"" T	HOSPITAL:				OTHER:
	certificate the State or iten	PHYSIC	1 TYES 2 NO	1	28e. DATE O		atlent 3		4 Nursing
	fer this clear with with marked,	표	1 Natural 5 Pending	,		Day, Year)		26b. TIME INJU	JRY M 1
	After the death	B	2 Accident Investig		28° BLACE	OF IN HIRW	44.50		
	TOR: A after d after d s	ED	3 Suicide 6 Could n		building	, etc. (Spec	— At no	eme, rarm, a	treet, factory,
	OR ATTENDING DIRECTOR: After hours after death item 28 is ma		The second secon						
	AL OR A AL DIREC 72 hours 11 item	교	CONUCK ONLY		AN: To the best o			The same of	
		COMPL	one) 2 MEDICAL EX	AMINER:	On the basis of	examination	n end/or	Investigation	, in my opini
	TO THE HOSPI TO THE FUNER TO THE WITHIN	ш	296. SIGNATURE AND TIPLE OF CE	RTIFIER	1	1	4	-//	ij.
	THE THE DE SIED THE S	0	Wh	4) F	anau	well	ag	16	
	0=	유	30. NAME AND ADDRESS OF PERSO	OHW MC	COMPLETED CAL	ISE OF DE	WEHL OFFE	M 27) (Type	Print)

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1	FOR STATE REGISTRAR		STATE OF N	IARYLAN	D / DEPA					MENT	REG. NO.			
1.	DECEDENT'S NAME (First, Earl P		hern								TE OF DEATH	9	Ŏ ^{EAR}	3. TIME OF DEATH
4	220-18-726		5. SEX 1 M 2 F		s. lest birthde,	MONTHS	DAYS	IF UNDER	MIN.	7. DA (M	TE OF BIRTH		8. BIRTHS Country V11	PLACE (State or Foreign ginia
9.	a. FACILITY NAME (H not in 131 Versai						96. CITY, TOWN OR LOCATION OF DEATH TOWSON Balto.							
10	RESIDENCE OF DEC 00. STATE	10b. COUNTY			10c. 0	ITY, TOWN	OR LOCAT	TION				10d. INSIDE CITY LIMITS?		
-	Maryland o. STREET AND NUMBER	Ва	lto.			Tows		. ZIP COD	E		10g. CITIZEN			1 YES 2 X NO
	131 Versai	lles C				1			1204					S.A.
1	11. MARITAL STATUS 1						If yes, sp		nn, Mexica	n, Puer	GIN? (Specify Yee to Rican, etc.)	or No—	14. RACE Black, Specifi	- American Indian, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 12 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kind. Do NOT use retired.) Sales Monumental Li											e Incurance			
17	7. FATHER'S NAME (First, M	iddle, Last)			36	ites		18. MOT	HER'S NA	ME (Fir	st, Middle, Maiden S		PIT	e Institution
	Peter Pau		hern		10b MAII I	NG ADDRES	Q /Ctreat	and Number	Nel		Mae lumber, City or Town	Bich		
L	Mrs. Eliza		. Mulher	n		Same a			o ribrar	10010 7	amso, ony ar rown	, Otato, Esp	0000)	
1 1 4	0a. METHOD OF DISPOSIT ☐ Buriet 2 ☐ Cremetic ☐ Donation 5 ☐ Other	ION on 3 - Remo	ovel from State	ot	her place)			,,	matory or 7 / 5 / 9	90		alto/		
- 11	1. SIGNATURE OF PUNERA			V	1	22		ok T			1050 Youneral H			
1	23. PART I. Enter the d		complications tha			o not anta								Approximata Interval Batween
11 0	MMEDIATE CAUSE (Findisease or condition resulting in death)		CA	INCO	FR	OF	Th	i	PR	08	TATE			Smonths
	Sequentially list condit	iona,	b	(611 745 71 61	ONSEQUENCE									-
	cause. Entar UNDERLY CAUSE (Disease or injuit that initiated events reaulting in daath) LAS	ING Iry	cDUE TO	(OR AS A CO	ONSEQUENCE	OF):								
1	PART II. Other significa	ant condition	a contributing to	death but	not reaultir	g In the u	ındarlyin	g causa	given in	Part I	. 24e. WAS AN		24b.	WERE AUTOPSY FINDINGS
	MYOCA		RYART			EASE	W	计量	PR	10	PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10 NO
			TIVE	HEAL	54 F	AILL	IRE	•						
2	5. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpati	ent 3 🗆 DO/	OTHE A D N	R:	LACE OF I			one) Other (Specify)			
2	7. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28e. DATE OF (Month, D	INJURY		TIME OF INJURY	28c. IN.	JURY AT ORK? YES 2		4	DESCRIBE HOW II	NJURY OC	CURED	
1	a 🗆 a 11-14	Could not be determined	28e. PLACE C building,	etc. (Specify)	At home, far	m, atreet, fa	ctory, offic	ce			LOCATION (Street e City or Town, State)	and Number	or Flurai F	Route Number,
2	CONSCR ONLY		CIAN: To the best of		-	and the same								s) end menner ea stated.
2	96. SIGNATURE AND TIPE	OF CERTIFIER	Karaw	sch	Son L	1		29c. LK	LENSE NU		62	29d. DAT	7/2	(Month, Day, Year)
3	Micel Kar	acusch		SE OF DEAL		ype, Print) 300 E	. 33	rd S	t.	Ва	lto. Md.	212	18	
3	II. DATE FILED (Month, Day,		32 REGISTRA	R'S SIGNAT										
-	<u> </u>	1300	0					-						DHMH-16 Rav 1/8

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hospital or aftending physician.

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n by the removal or remove the cremation, completery event, and com burial, traumatic Hygiene prior to attending physician other 6 the death the atten injury, n signed by the Health and N t. of h HOSPITAL OR ATTENDING PHYSICIAN; The law Dept. DIRECTOR: After this certificate his hours after death with the State Citem 28 is marked, or item TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If If

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle | Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH JOHN L. MCKINNEY 8:15 A 90 06 4. SOCIAL OF 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN 213-09-0593 1 M 2 □ F 4-19-1908 ALABAMA 9a, FACILITY NAME /If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE DUNDALK 1 __ YES 2 X NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2805 GRAY MANOR TERRACE 21222 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 TYES 2 YOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS ... More Married 2 Married 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cyban, Maxican, Puarto Rican, etc.)

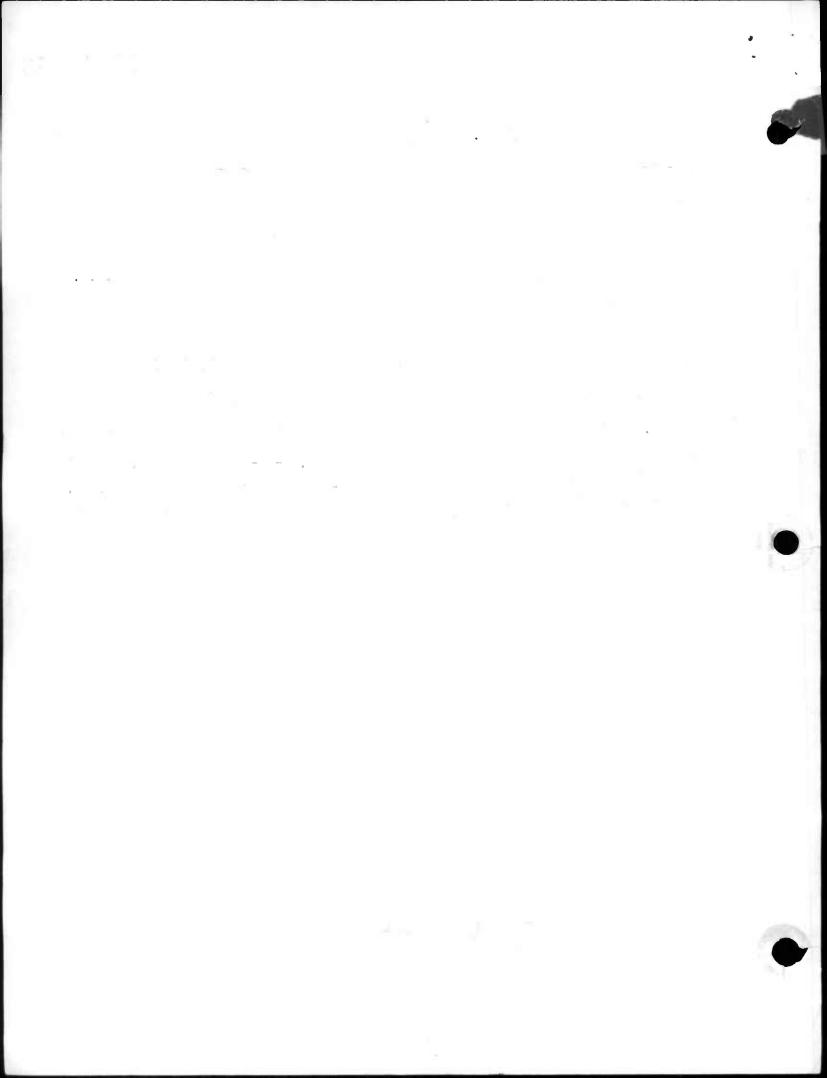
1 YES 2 YO Specify: 3 Wildowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 10TH GRADE ROLLER N/A BETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) CROCKETT MCKINNEY FANNYE ARNOLD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOHN L. MCKINNEY 200 GARRISON FOREST ROAD OWINGS MILLS 21117 20s, METHOD OF DISPOSITION

| | Burlet | 2 | Cremation | 3 | Removal from State | 4 | Donation | 5 | Other (Specify) | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State GARDENS OF FAITH CEM. 6-30-90 BALTIMORE. 22. NAME AND ADDRESS OF FACILITY
DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 7922 WISE AVENUE DUNDALK. MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete ehock, or heart feilure. Liet pnly one cause on each line. Interval Between **Onset end Deeth** IMMEDIATE CAUSE (Finel diseese or condition Coretaral edema resulting in death) DUE TO (OR AS A CONSEQUENCE OF): to Brain Embolism CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING Atnal Fibrillation CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Consporting heart telling 1 TYES 2 NO OF DEATH? intitutes of Antonan Biloseron bulmanahn 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetlant 3 | DOA ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO ₽ 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide datarmined 29a. CERTIFIER 1 ____ CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the ceuse(e) end manner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE mi 039378 (aram mo. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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be detached for use as the burial-transit

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYS	his with
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	ADSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after	т HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied in by ill filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov
		Fled

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29b. SIGNATURE AND TITLE OF CERTIFIER

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31. DATE FILED (Month, Day,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32, BEGISTRAR'S SHAWURE Davids

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR HORACE LEE MYERS 06 30 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Year) MONTHS **DAYS** HOURS MIN. 1 X M 2 - F 219-12-5159 VRS 24 66 MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4329 NEWPORT AVENUE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4329 NEWPORT AVENUE 21211 USA 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 ☐ YES 🌠 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced WW II WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 8TH STEEL WORKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Ħ ROBERT L. MYERS VIOLA SAKERS 8 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) ROBERT MYERS 906 SUNNYBROOK COURT, GLEN BURNIE, MD. 21061 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Removal from State BALTIMORE Donation 5 - Other (Specify) NATIONAL CEMETERY BALTIMORE. MARYLAND SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME examin A. Ca 3818 ROLAND AVENUE, BALTO., MD. 21211 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. interval Between 18 Onaat and Death IMMEDIATE CAUSE (Final the disease or condition Cancer LUNG 40 reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST injury, or PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 TYES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **Tem** EXAMINER? OTHER: ng Home 5 Rasidence &
Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nu marked, or 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY Natural Accident М 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 |s 8 Could not be COMPLETED 4 Homicide MPORTANT: If item 29a, CERTIFIER

1 CERTIFYING PHYSICIAN: To Iha best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

3076

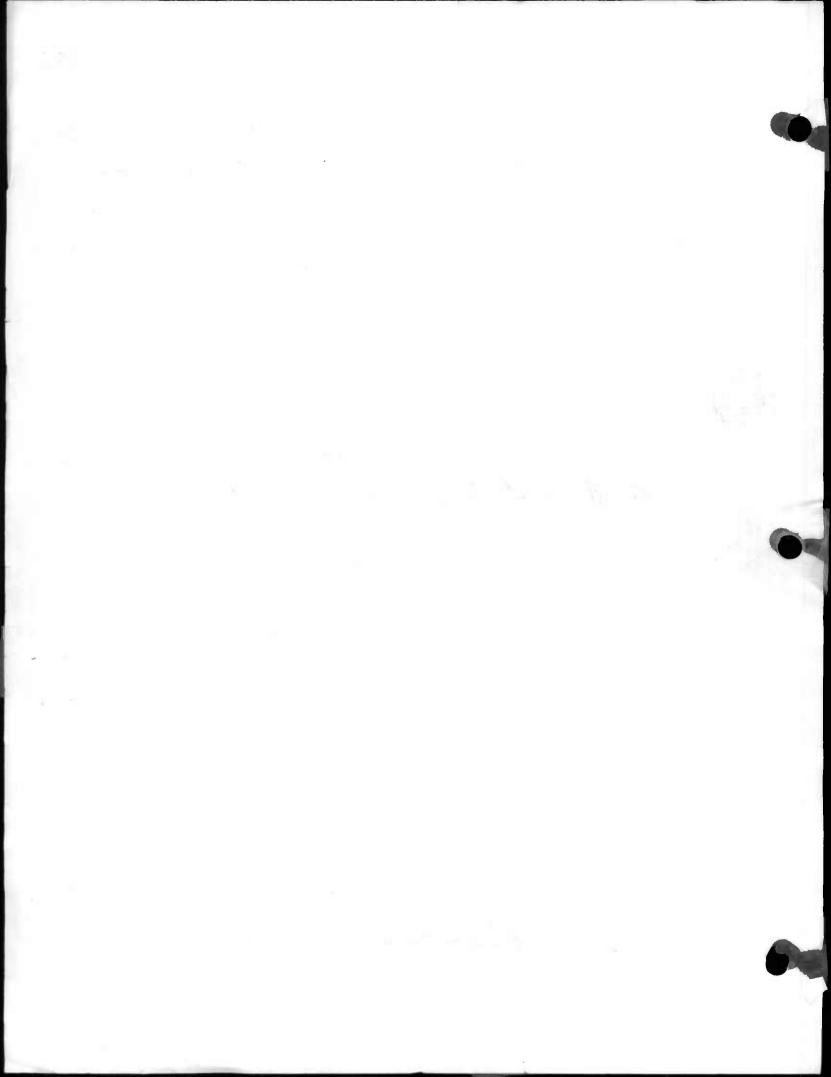
29d. DATE SIGNEO (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ter death. Page 6 may be returned to the control or attending physician.	; certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 means and the part of the part of the pages 1, 2, 3 should	Wal	al examiner must be nuffined at one.	TO BE SOMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zenduris after death. Page 6 may be required to attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremathon, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be millined and	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

REGISTRAR	OMIL OF MARIE			F HEALTH AND MODE DEATH		GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF AE	ATH 20	9.0	3. TIME OF DEATH
LYDIA MORAWSKI					MONTH O	30796) DAG	7 JAR M
	i. SEX 6. AGE		IF UNDER 1 YE		7. DATE OF BIF (Month, Day,		6. BIRTH	PLACE (State or Foreign
190-01-4627	□ M 2 🌣 F	77 YRS.	ONTHS D	AYS HOURS MIN.	01/			XMARYLAND
9e. FACILITY NAME (If not institution, give street	et and number)	1	b. CITY, TO	WN OR LOCATION OF DE	EATH	9c. CO	UNTY OF D	EATH
CHURCH HOSPITAL	CORPORATI	ON	BA:	LTIMORE C	CITY			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY	TOWN OR L	OCATION				10d, INSIDE CITY
MD				RE CITY			1	LIMITS?
10e. STREET AND NUMBER		I DALL	I IPIO	10f. ZIP CODE		10g. CI	TIZEN OF V	WHAT COUNTRY?
3358 HICKERY AV	ENITE			21211			USA	1
	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT OF HISPAN		city Yea or No-	14. RACE	— American Indien,
1 Never Merried 2/ Merried	FORCES? 1 YES	2 NO	If ye	s, specify Cuben, Maxica YES 2X NO Specify	n, Puerlo Rican,		Speci	c, White, atc.
3 Widowed 4 Divorced	ir res, are win on a		'-	, 120 2 <u>A</u> _ 110	,.			WHITE
15. DECEDENT'S EDUCA' (Specify only highest grade co	TION (Manuficial Control Contr	16e. DECEDENT'S U		JPATION ng most of working	16b. KIND	OF BUSINESS/II	NOUSTRY	
	College (1-4 or 5+)	life. Do NOT use	retired.)	ng most or working				
UNKNOWN		HOUSEV	VIFE					
17. FATHER'S NAME (First, Middle, Last)			_	18. MOTHER'S NA	ME (First, Middle,	Melden Surname,)	
JOHN STIMEL					UNKNO	WN		
19a. INFORMANT'S NAME (Type/Print)				treet end Number or Rural				
PHILIP MORAWSKI		17 HU2	KLEY	CIRCLE, AB				21009
20a, METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remove	al from State	other place)	TION (Name	of cometery, crematory or ORIAL GARD!		20c. LOCATION		
4 Donation 5 Other (Specify)		CREST LAWN				MARRIO	TTSV1	LLE, MD.
21. SIGNATURE OF FUNERAL SERVICE LICEI		= ()		ME AND ADDRESS OF FA		א מקואווק	TIOMI	7
> U. Clar	· Seite	h		ALAN SEITZ 18 ROLAND				
23. PART I. Enter the diseases, or co	mplications that cause	d tha death. Do no						Approximata Interval Batween
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disease or condition	RED	MATOR	-	LAILUNG				
reaulting in death) a.	70037	A CONSEQUENCE OF	CON	GESTIVE F	IEART 1	FAILUR		
	DUE TO (OR AS			OMPTIVE I				
	,	JUSTOUG	7 /	FERMI		YLUR	Je	
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If any, leading to immediata cause. Entar UNDERLYING	DUR TOYOR AS	A CONSEQUENCE OF	PU.	LMONARY E	EMBOLUS		Je	
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BALTIMORE, MARYLAND 21203-3146

FOR 1 STATE

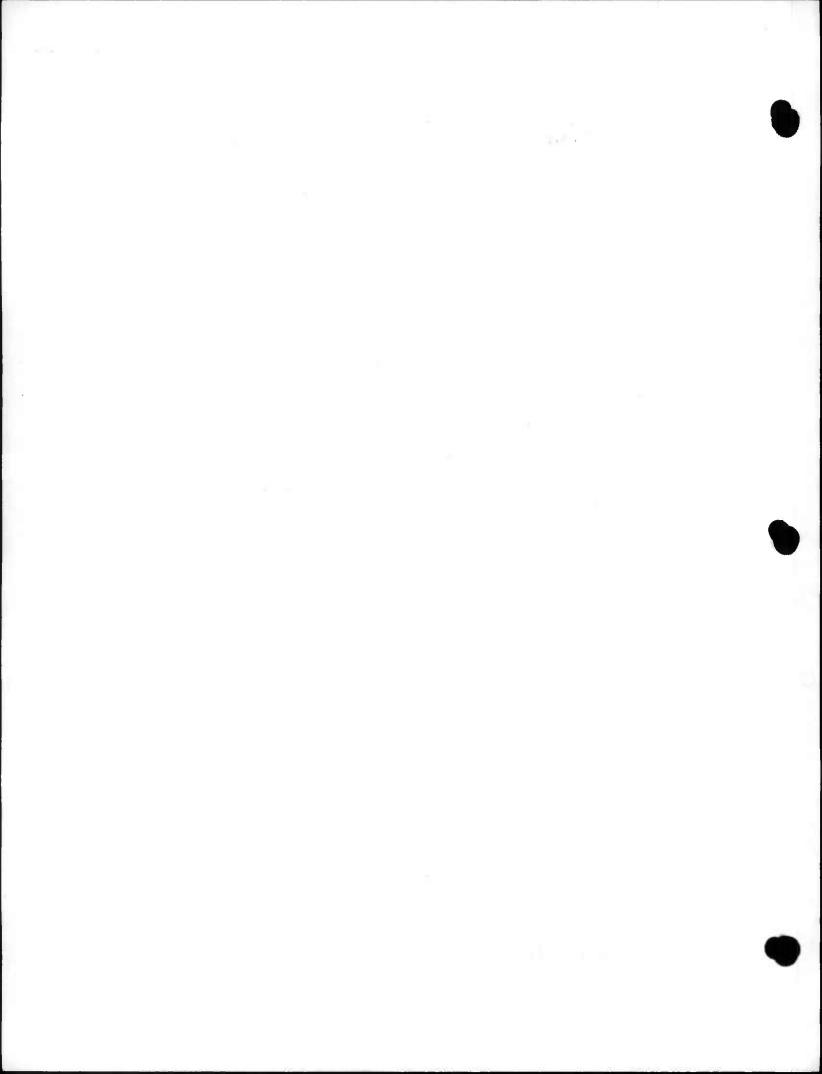
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be return TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be neutron.

JUL 0 3 1990

	REGISTRAR	CE	:KHIF	CALE	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) EDWIN	W. McAl	LIST	ER		2. DATE OF I	DEATH DAY.	YEAR 3. TIME OF DEATH	
	FININ W MCHAILBER					6	28	90 11:45	Q M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	y, Year)	8. BIRTHPLACE (State or Forei Country)	ign
	705-10-9252 ¹況 ^{™ 2 □ F}	84	YRS.				19,1906	Maryland	
	Se. FACILITY NAME (If not institution, give street and number)				OR LOCATION OF D	EATH	9c. CO1	UNTY OF OEATH	
DIRECTOR	University Høspital		Baltimore						
ן ק	RESIDENCE OF DECEDENT							I The state of the	
	Maryland Baltimore		10c. CITY	Tuith	rville			10d. INSIDE CITY LIMITS?	
	3							1 TES 2 X N	<u> </u>
₹ I	10e. STREET AND NUMBER				of. ZIP CODE		10g. Cl	TIZEN OF WHAT COUNTRY?	- 1
<u> </u>	200 Strathdon Way				21093			U.S.A.	
FUNERAL	FORCES 4	T EVER IN U.S. AR		13. WAS D	ECENDENT OF HISPAI specify Cuben, Mexica	NIC ORIGIN? (S	pecify Yee or No-	14. RACE — American Indian Black, White, etc.	,
B	1 Never Merried 2X Merried IF YES, GIVE V				S 2 NO Specif			Specify: White	- 1
		1		1		1			
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DE	CEDENT'S ive kind of w	USUAL OCCUPA rork done during : e retired.)	TION nost of working	16b. KIN	ID OF BUSINESS/IN	IDUSTRY	
5	Elementery/Secondery (0-12) College (1-4 or 5	B)		Manage		Mor	nledale	Transportatio	n C
*		0.	LIICE	Hanag	7				
8	17. FATHER'S NAME (First, Middle, Lest) Charles Wilbur M	cAllist	er		Ame.		le, Meiden Surname) Sch	einer	
88									
0	190. INFORMANT'S NAME (Type/Print) Helen R. McAllister	19		e As #	t end Number or Rural	Route Number, (City or Town, State, 2	Zip Code)	
	20e, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State	other of	ece)		emetery, crematory or			- City or Town, State	
	4 Oonation 5 Other (Specify)	Park	wood		ry 7-2-90		Parkvii	le, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	D			AND ADDRESS OF FA		1 Home.	Inc.	- 1
	→ Wallace S Bu	oss, I	L		York Ro				
	23. PART i. Enter the diseases, or complications the			ot soter the r	noda of dying, aud	ch se cerdisc	or respiratory a		
	ahock, or heart failure. List only one can iMMEDIATE CAUSE (Final	use on sach lins						intsrvai Bet Onset and	
	disess or condition	mai as	Nex					Bur.	
			QUENCE OF	7:4	1			Change	-
-	100	toucas	.614	l Len	wrkey			9VK	20
ੁ∣	Sequentially list conditions, If any, isading to immediats	(OR AS A CONSE	DUENCE OF	7):					0
8	cause. Enter UNDERLYING	Metis.	~					year	•
Ĕ	that initiated evants	IOH AS A CONSE	QUENCE OF	7:				0	
CERTIFICATION	resulting in dssth) LAST	4							
	DART II. Other elegificant conditions contribution to	double but make		la dha sandanh	lan anuan aluan la	Book I O	e. WAS AN AUTOPS	Y 24b. WERE AUTOPSY FIN	DINOC
EDICAL	PART II. Other algnificant conditions contributing to	daath out not i	esulung	in this universy	ing cause given in	Fant I. 24	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CA	0
ă	· ————————————————————————————————————					1	YES 2 1-NO	OF DEATH?	luar.
			_			_		1 TYES 2 NO	٥
PHYSICIAN: M									
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER:	PLACE OF DEATH (C	heck only one)			
ğ	1109111146	ER/Outpatient 3	□ DOA		ome 5 🗆 Residence	6 Other (S)	pecify)		
Ę	27. MANNER OF DEATH 28a. DATE O		28b. TIM	E OF 28c.	NJURY AT WORK?	28d. DESCR	IBE HOW INJURY O	CCURED	
BY	1 Netural 5 Pending 2 Accident Investigation	28/90	150	d 44 C	YES 2 NO				
	3 Suicide 26e. PLACE	OF INJURY — At he atc. (Specify)	ome, farm,	street, factory, o	fice	26f. LOCATIO	ON (Street and Numb lown, State)	ber or Rural Route Number,	
	4 Homicide determined	,,					,		
ן ב	29e. CERTIFIER	f my knowledge, de	ath occum	ed at the time, d	ate and place, and du	e to the cause(e) and menner as s	tated.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of								rted.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU	IMBER	29d D	ATE SIGNED (Month, Day, Year)	
BE	William . in				AND ENGLISE NO		250. 0	1.124/6/	
2	36, NAME AND ADDRESS OF PERSON WHO COMPLETED CAL	SE OF DEATH (TE	M 27) /kma	Print)	1			10/1/191	
		walny			10.,22.	S 61000	SI B	11. My 2120	71

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

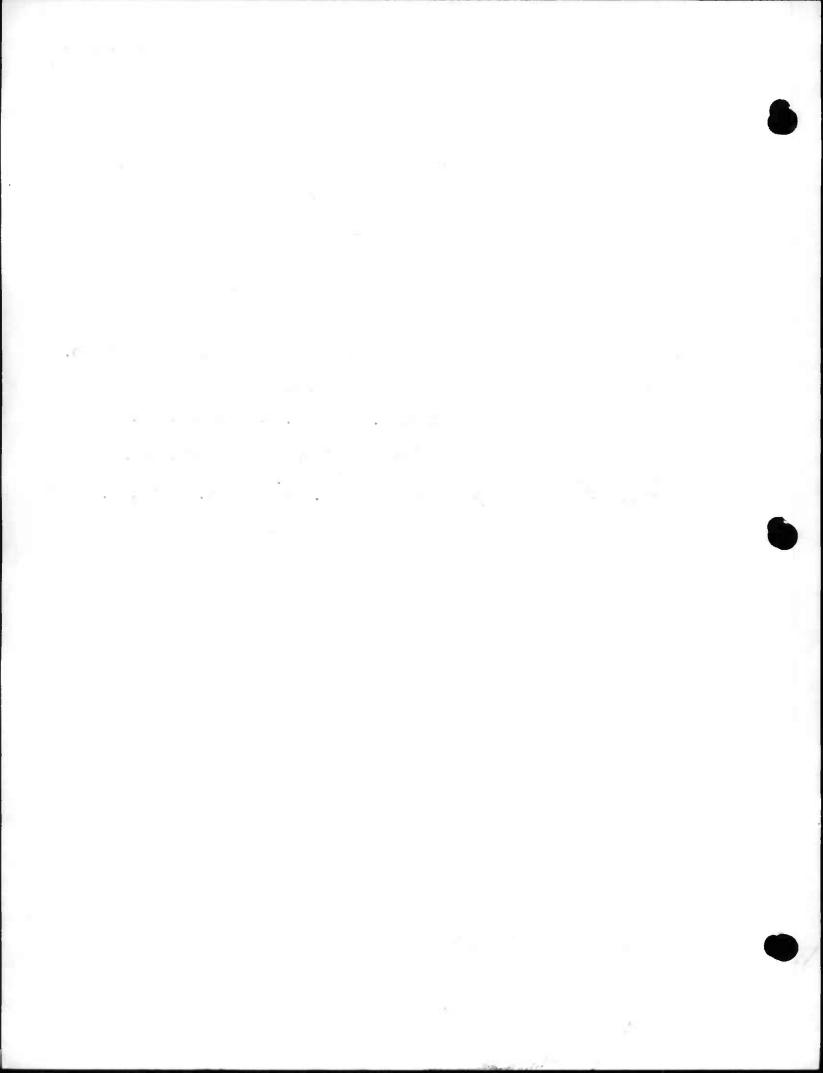


rmit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mad 3 after death. Page 6 may be retained by the hos	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the complete of the	be nied within /2 nouts and death with the state uppl, or required no mental rythers prior to buring. Carbinator, or remove. MPORTANT: It tiem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	be nied within 72 hours are death with the state bept, of result and wentar royerize profits obtain, centation, or emboar. IMPORTANT: It litem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medicel ex

•	1 - FOR STATE REGISTRAR	E OF MARYLA	ND / DEPAR Certif				MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) JESSIE L. MCLEAN						2. DATE MONT	OF DEATH	38	918	3. TIME OF DEATH 121.0
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (II	n yrs. last birthday)	IF UNDER 1	_	F UNDER 24 HRS.		OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	218- 10-6591 ¹⅓™	2 🗌 F	72 YRS.	MONTHS	DAYS F	OURS MIN.		7/27/	17	NOR	TH CAROLINA
~	9a. FACILITY NAME (If not institution, give street and nu					LOCATION OF DE				UNTY OF E	
D P	CHURCH HOSPITAL CO	ORPORAT	ION	BAI	LTIM	ORE CI	TY		+-	NON.	<u> </u>
JEC.	10s. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR	LOCATIO	v Oit-					10d. INSIDE CITY
ā	MD none			Balti	rmor	e City					1 XYES 2 NO
FUNERAL DIRECTOR	10s. STREET AND NUMBER										what country? 1 States
Ä	1621 E. 32ND STREET	[' DECEDENT EVER IN	IIS ADMEN	12 14	AS DECEM	21218 DENT OF HISPAN	IC OBIGI	N2 /Smoothy Van			
87年1	1 Never Married 2 Married FORC	SES? 1 TYES S, GIVE WAR OR DA	2 70	H	yes, speci	ty Cuben, Maxicar	, Puarto		or No—	Spec	E — American Indian, k, White, etc. SETOID
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	I	18e. DECEDENT'S (Give kind of	USUAL OCC	CUPATION	of working	18	b. KIND OF BUS	INESS/IN		
сомрсетер		(1-4 or 5+)	Steel	se retired.)			I	Bethle	hem	st	eel Co.
BE CON	17. FATHER'S NAME (First, Middle, Last) Clarence McLeau	n				e. mother's nai Lula	ME (First, Stj	Middle, Meiden 11s	Surname)		N.
TO B	19a. INFORMANT'S NAME (Type/Print) Delois Moore		196. MAILING 1621	E.	Street and	Number or Rural R	Ba.	nber, City or Town Ltimor	n, State, 2 P.	Md.	21218
	20e. METHOD OF DISPOSITION 1 Subtrict 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	State 20b.	other place) Woodla	wn C	eme	ery		Bal	tim	Ore,	Maryland
	21. SIGNATURE OF EUNERAL SERVICE LICENSES	11-10	, dr	22. N	Cal	ADORESS OF FAC	Sc:	ruggs	Fur	rera	1 Home Md. 21213
	23. PART i. Enter the disease, or complicet	tione thet coused	I the deeth. Do						_		Approximate
	23. PART i. Enter the disease, or complicet ehock, or heert feliure. Liet only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	SPIRAT	TOAS	17	2760	No		סוו.דד גי	T		Interval Between Onset and Deeth
CERTIFICATION	DUE TO (OR AS A CONSECUÉNCE OF): CHRONIC RENAL FAILURE										
	PART ii. Other eignificent conditione contrib	outing to deeth b	ut not resulting	In the und	deriying	ceuee given in	Pert i.	24e. WAS AN		Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
: MEDICAL							_	1 TYES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
XX.	25. WAS CASE REFERRED TO MEDICAL		-			CE OF DEATH (Ch	eck only	one)			
SIC	EXAMINER? 1 YES 2 NO 1 Dilings	ITAL: Itlent 2 - ER/Outp	etlant 3 🗆 DOA	OTHER:		5 - Residence	a 🗆 Ott	ner (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 28a 1 New Natural 5 Pending 2 Accident Investigation	. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF JURY M	28c. INJUI WOR 1 _ YE		28d. Di	ESCRIBE HOW I	NJURY C	OCCURED	
		PLACE OF INJURY building, atc. (Spec		street, facto	ery, office			CATION (Street y or Town, State)		ber or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To to the cone one of the cone of										(a) and manner as stated.
BE CC	295 STGNATURE AND TITLE OF CERTIFIER	11. ~				29c. LICENSE NUI		-7	29d. O.	ATE SIONE	(Month, Pay, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLI	ETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)		DSB	<u>О</u>	2		6/	20/90
	IRENE IBARRA, MD	•									
	31. DATE FILED (Month, Day, Year) UD60301980 Julia Saunds	REGISTRAR'S SIGN		ral (CORE	ORATIO	N				

OHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND

al-transit permit. Pages 1, 2, 3 should

he ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing filled in by the funeral director, page 5 should be detact	be filed within 72 hours after death with the State Dept. of relating and Merital riggiene prior to dural, cremation, or refined. IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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분	분.	OR.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 may se retained by the ho	5	be filed within 72 hours after death with the State Dept, or reaint and Mental rivgiene prior to build, creination, or removal, IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex

BE COMPLETED BY

9

4 Homicide

FOR		STATE OF MA	ARYI A	ND / DEP	ARTME	NT OF	HFAITH	AND N	AFNTA1	HYGIENE	:				
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	OIAIL OI IIII	***************************************	CERT					2. DATE O	REG. NO.			3. TI	IME OF DEATH	_
	Willi	am H .			Por	ter			6-2	9-90 DAY	,	YEAR	1	2:43AM	м
4. SOCIAL SECURITY N		5. SEX (n yrs. last birthda						F BIRTH Day, Year)		a, BIRTI	HPLAC	E (State or Foreign	
215-16-7	285	10€30M 2 □ F	ϵ	8 YAS	MONTH	ds DAYS	HOURS	MIN.		2-22		COUNT	MD		
9a. FACILITY NAME (# #					9b. C		OR LOCAT				9c. COU	NTY OF C	DEATH	100	
Johns Hopkins Hospital Baltimore City															
10a. STATE	10b. COUNT	Y		10c.	CITY, TOW	N OR LOC	ATION						10d.	INSIDE CITY	_
MD				E	BALT	IMOF	RE CI	TTY					xx	LIMITS? YES 2 NO	
10e. STREET AND NUM	BER					1	of. ZIP COD	E		1	10g. CITI	IZEN OF		COUNTRY?	_
2048 ROB	BB STRE	EET					212	218				US	A		
11. MARITAL STATUS		12. WAS DECEDENT			Т					(Specify Yea	or No-	14. RAC	E - A	merican Indian, Ita, etc.	
1 Never Married 2 3 Widowed 4	Married	FORCES? OF D				1 Yea, 1	specify Cub	Specify		can, etc.)		Spec	cify:		
		<u> </u>							1	27111			В	LACK	_
(Specify	DECEDENT'S EDI y only highest grad	e completed)		16a. DECEDEN (Give kind iffe. Do NO	of work do	L OCCUPAT one during r	rion nost of work	ing	18b. I	KIND OF BUSI	INESS/INE	DUSTRY		Corp	•
Elementary/Seconda 6th Gra		College (1-4 or 5+)				perd			Am	erica	an A	Radi	at	or&Sta	n
17. FATHER'S NAME (Fin				- 1 out		E 020	T	HER'S NAI		iddle, Maiden S					
AMOS	PORT	"ER						ARTH				STEV	'EN	SON	
19a. INFORMANT'S NAM	ME (Type/Print)			19b. MAIL	ING AOOF	RESS (Stree	t and Numbe	r or Rural R	Route Numbe	er, City or Town	, State, Zip	p Code)			_
KATE	PORTI	ER		2048	3 RO	BB S	STRE	ET/B	ALTI	MORE	MD.	2	12	18	
20a. METHOD OF DISPO		manual dancer State	20b.	PLACE OF DIS	POSITION	(Name of c	cemetery, cre	matory or		20c. LOC	ATION —	City or T	lown, S	State	
4 Donation 5 C		noval from Surg	G	other place) ARRIS (ONF	ORES	ST VI	T.	CEM	OWII	VGS	MII	LS	, MD	
21. SIGNATURE OF FUN	IERAL SERVICE L	ICENSEE				22, NAME	AND ADDRI	SS OF FAC	CILITY						
▶ ₩	200	a 42		.)		WM.	C. M.	ARCH	$F \cdot H$. 110	01 E	. N	10R	TH AVE	
23. PART I. Enter th	ne diseases, or	compilcations that	ceused	the death. D	o not er					_				Approximata	
shock, of immediate cause		. Liat only one caus	e on ee	ch line.									i	Interval Betwee	
disease or conditio	n	. Arteri	ററേ	laratio	י מים י	dion	المصار	2× 4	icono				j		
resulting in death)	,	DUE TO (OR AS A	CONSEQUENC	E OF):	ULUV	ascui	ar u	ISEas	·e					
		b													
Sequentlaily liat co if any, leading to in	nmediate	DUE TO (OR AS A	CONSEQUENC	E OF):								Ī		
cause. Enter UNDE		C											-		_
thet initiated events resulting in death)		OUE IO (JH AS A	CONSEQUENC	E OF):								i		
		d													_
PART ii. Other aign	Ificent condition	na contributing to	laath b	ut not reaulti	ng in the	underly	ing ceusa	given in	Part i.	24a. WAS AN	AUTOPSY	24		RE AUTOPSY FINDIN	38
										1 TES 2			COM	MPLETION DF CAUSI DEATH?	
									_ [YES 2 XNO	
										INQUI	RY				
25. WAS CASE REFERR EXAMINER?	ED TO MEDICAL	HOSPITAL			1		PLACE OF	DEATH (Ch	eck only one)					_
XXX±s 2 □ NO)	HOSPITAL: 1 ☐ Inpatient 2 🔀	R/Outp	atlent 3 🗆 DO		HER: Nursing H	oma 5 🗆 i	Realdence	a 🗆 Other	(Specify)					
27. MANNER OF DEATH		28a. DATE OF INJURY (Month, Day, 19ar) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED													
X X Netural 8	5 Pending investigation						YES 2	□ NO							
3 Suicide	Could not be	28e. PLACE OF	ACE OF INJURY — At home, farm, street, factory, offica							TION (Street a	nd Numbe	or Rural	Floute	Number,	

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)

OCME 7-2-90

28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mario F. Golle, Jr.,MD 31. DATE FILED (Month, Day Year)

a Could not be determined

SIGNATURE AND TITLE OF CERTIFIER

111 Penn Street, Baltimore, MD 21201

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89

VC

Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-31

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mets, after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

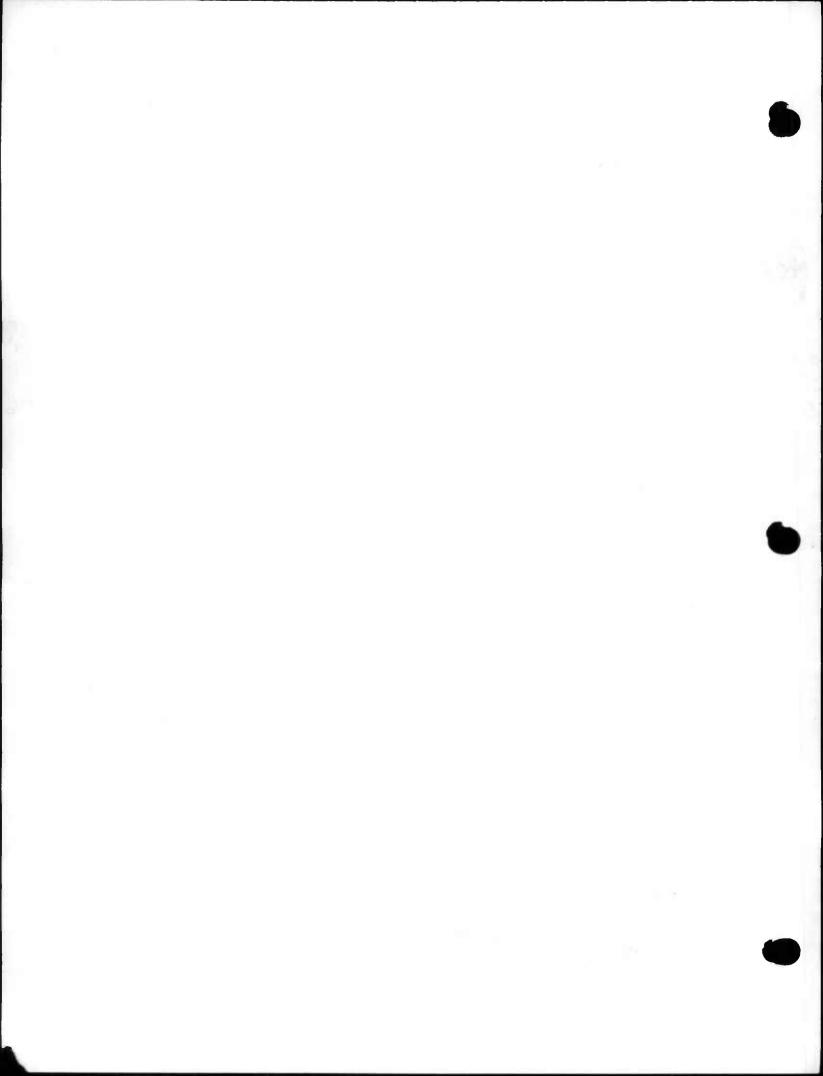
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR				OF MA			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RHIFK	CATE O	F DEA	TH	1	REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
	Gilbe:	rt. r	Dean Press					6-30-90			2:42AM M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	F UNDER 1 YEA		24 HRS.	7. DATE OF	BIRTH	8. BIRT	THPLACE (State or Foreign
	213-26-299	1 🖫 M 2 🗆 F	59	YRS.	ONTHS DAY	S HOURS	MIN.	(Month, D	ey; Year) - 30	MI	
	9a. FACILITY NAME (If not institution, give s	21	3)		ah CITY TOU	IN OR LOCATI	ON OF DE			COUNTY OF	
.		asst and number)				ltimor			-		OLAIII
5	Sinai Hospital				Da.	LCTHOL	E				
급 	10a. STATE 10b. COUNTY	r		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
DIRECTOR	MD			Ba1	timore	2					1 TYES 2 NO
	10e. STREET AND NUMBER				T	10f. ZIP COO	E		10	a. CITIZEN OF	WHAT COUNTRY?
ž	5505 Elderon Av	e				212	15		100	USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	7 F7/FD MILLS AD	MED	40.340.0			NO OBIONIO /	Specify Yes or I	10 44 84	CE — American Indian,
2	1 Never Married 2 Married	FORCES? 1	XYES 2 1	NO MED	If yes	specify Cubi	en, Mexica	n, Puerto Rica		Bla	ick, White, etc.
R	3 Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES I 1: YES 2 K NO SORGIV:								Spe	Black
	15. DECEDENT'S EDU			CEDENT'S U	SUAL OCCUR	ATION		16h KI	NO OF BUSINE	SS/INDI ISTRY	
-	(Specify only highest grade	completed)	(G	ive kind of wo	rk done during retired.)	most of worki	ing	N	at. Ins	stitute	e of Dental
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	Bu Bu	idget	Ofice:	r		Re	esearch	1	
ξ	17. FATHER'S NAME (First, Middle, Last)					to MOT	MED'O NA	NAE /Firmt Adiate	dle, Maiden Sum	amal	
	Albert Dean					1 1000		e Bolo		earrer)	
H H			1.0						A1 A		
0	19a. INFORMANT'S NAME (Type/Print) Cecelia Press								City or Town, St MD. 212		
	20a, METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Ram	oval from State	other pl	ace) .		f cometery, cre-				ION — City or	
	4 Donation 5 Other (Specify)		_ Ga	rriso		est VA			Owir	ngs Mi.	11s, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE)	22. NAM	Seph H	ss of fa	own F	.н Р.	A. P.(O.Box 4433
	► Charlene	- N (3)	roun		Ba	ltimor	e, M	D. 21:	223		
	23. PART I. Enter the diseases, or	complications that	t caused the de	ath. Do no	t enter the	mode of dy	ring, euc	h ae cardia	c or reepirate	ory errest,	Approximete
	ehock, or heert failure.								·		intarvai Batween
											Onnet and Death
	iMMEDIATE CAUSE (Final	Artor	iosclero	tic c	ardio	vaccul	ar d	liceas	Δ		Onset and Daath
	iMMEDIATE CAUSE (Final disease or condition reaulting in daeth)	0	iosclero			vascul	ar d	liseas	e		Onset and Daath
	disease or condition	0	OSCIETO			vascul	ar d	liseas	e		Onset and Daath
NO	disease or condition	DUE TO	(OR AS A CONSE	OUENCE OF):		vascul	lar d	liseas	e		Onset and Daath
ATION	disease or condition resulting in daeth) Sequentielly liet conditions, if any, leading to immediate	DUE TO		OUENCE OF):		vascul	lar d	liseas	e		Onset and Daath
ICATION	disease or condition resulting in deeth) Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO DUE TO C.	(OR AS A CONSE	OUENCE OF):		vascul	lar d	liseas	e		Onset and Daath
TIFICATION	disease or condition resulting in daeth) Sequantielly liet conditions, if any, leading to immediate couse. Enter UNDERLYING	DUE TO DUE TO C.	(OR AS A CONSE	OUENCE OF):		vascul	ar d	liseas	e		Onset and Daath
SERTIFICATION	Sequentially liet conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO DUE TO C.	(OR AS A CONSE	OUENCE OF):		vascul	ar d	liseas	e		Onset and Daath
	Sequentially liet conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. OUE TO d.	(OR AS A CONSE	OUENCE OF): OUENCE OF):	:				4a, WAS AN AUT		4b. WERE AUTOPSY FINDINGS
	Sequantielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. OUE TO d.	(OR AS A CONSE	OUENCE OF): OUENCE OF):	:			Part I. 2	4s. WAS AN AUT	D?	4b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
DICAL	Sequantielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. OUE TO d.	(OR AS A CONSE	OUENCE OF): OUENCE OF):	:			Part I. 2	4a, WAS AN AUT	D?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DICAL	Sequantielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. OUE TO d.	(OR AS A CONSE	OUENCE OF): OUENCE OF):	:			Part I. 2	4s. WAS AN AUTPERFORMED	₩ 0	4b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If Item 28 Is m

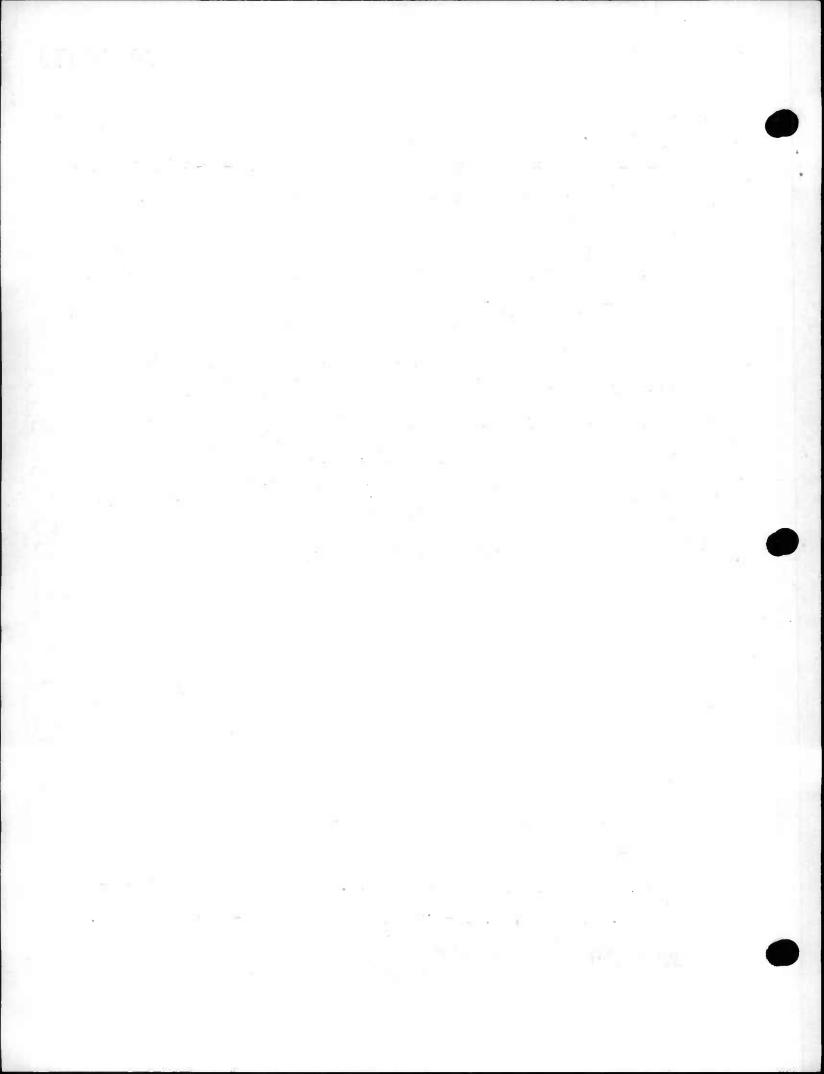
John T.

											J	U	1 1	001	U
	FOR STATE REGISTRAR	STATE OF N	IARYLAND /				EALTH .		MENTAL	HYGIEN	E				
Į.	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	OF DEATH			3. TIME	E OF DEATH	
	JOHN GAITLEY PR	RICE							MONTH 06	ν.	YEAR 90		2213	м	
	4. SOCIAL SECURITY NUMBER	5. SEX				IF UNDER 1 YEAR			06 30 7. DATE OF BIRTH					State or Fore	ian
	247 05 4560	1 🕅 M 2 🗆 F				MONTHS DAYS HOURS MIN.			(Month. Dav. Year)			Country)			
	211-07-4700					9b. CITY, TOWN OR LOCATION OF O						MARYLAND			
~	9e. FACILITY NAME (If not institution, give stre								EATH				Y OF OEATH		
Ö	Peninsula Gene	ral Hospital				Salisbury					Wl	nic)		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	TTY, TOWN OR LOCATION								10d IN	SIDE CITY		
DIRECTOR	MARYLAND -				BALTIMORE						T. LI	MITS?	0		
FUNERAL	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF W												VHAT CO	DUNTRY?	
8	4001 ARDLEY AVE. 21213 U. S.												. A		
S	11. MARITAL STATUS	12. WAS DECEDEN				13. WAS DECENDENT OF HISPA			NIC ORIGIN?			14. RACE	- Ame	ricen Indien	,
	1 Never Merried 2 Merried	FORCES? 1'	XXYES 2 N	0			2V NO		n, Puerto R	Ican, etc.)			k, White,		
BY	3 Widowed 4 Divorced	1952-	1972				A		,-				WI	nite	
ED	15. DECEDENT'S EDUC	ATION	18e. DE	CEDENT'S	USUAL O	CCUPATIO	N st of working		16b.	KIND OF BUS	INESS/INDU	ISTRY			
Ш	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	flin.	Do NOT u	se retired.)	auring mo	SE OF WORKING	9							
7	NA	NA	MAS	STER	PL	UMBI	ER		S	ELF-1	EMPLO	OYE	D		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA		liddle, Maiden					
	WILLIAM HENRY	PRICE					MA:	RY	AGNE	S KEI	RNAN				
8	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRES	S (Street e	nd Number	or Rural	Route Numb	er. City or Town	Stein Zio	Code)			
5	199. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4001 ARDLEY AVE., BALTO., MD. 21213														
	XABuriel 2 Cremation 3 Removal from State other place)														
	4 □ Donmition 5 □ Other (Specify) MOST HOLY REDEEMER BALTIMORE, MD.														
	SCHIMUNEK FUNERAL HOME										MES,	S, INC.			
	Cugine &	Zarl	her	h	3.	331	BRE	HMS	LAN	E, BA	ALTO	., 1	MD.	212	13
	23. PART I. Enter the diseases, or co	omplications tha	t caused tha de	ath. Do	not enter	r the mo	de of dyle	ng, auc	h aa cerd	lec or reepi	ratory arre	et,	1/	pproximat	la
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onest and Death														
	disease or condition														
	resulting in deeth) - a. COTONATY AT CETY DISEASE DUE TO (OR AS A CONSEQUENCE OF):														
_															
CERTIFICATION	Sequentially list conditione, b	DUE TO	(OR AS A CONSEC	PUENCE O	f):								-		
AT	if any, laading to immediate cause. Enter UNDERLYING														
FIC	CAUSE (Diseese or Injury that Initiated events	OUE TO (OR AS A CONSEQUENCE OF):											+		
E	resulting in death) LAST														
Ä	d												-+-		
_	PART II. Other significant conditions	contributing to	death but not r	esuiting	in the u	nderlyin	g cause g	lven in	Part i.	24a. WAS AN		24b		AUTOPSY FIN	
2										PERFOR				BLE PRIOR TO LETION OF CA	
ED										1 TYES 2	X NO		OF OE		
Σ													1 🗆 Y	ES 2 NO	D
Z															
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DI	EATH (C	heck only on	9)					
YSI	1 1 YES 2 □ NO	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence							8 🗌 Other	(Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJURY (Morith, Day, Year) 28b.			ME OF	28c. INJ WC	URY AT		28d. DE\$	CRIBE HOW I	NJURY OCC	UREO			
BY	1 Natural 5 Pending 2 Accident Investigation	(money way, today				M 1 YES 2 NO									
	3 Suicide 8 Could not be	28e. PLACE C building,	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
1	4 Homicide determined	and (appoint)													
J.E	29e. CERTIFIER (Check only.) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and menner as stated.														
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) and manner as stated.														
ш	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month), Day, Year)														
m	Deputy M.E. D03599 > 06-30-90														

Bulkeley, M.D. 108 Pine Bluff Road - Salisbury, Md. 32. REGISTRAR'S SIGNATURE

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89



ed for use as the burial-transit permit, Pages 1, 2, 3 should

hospital or attending physician.

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, part be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medicel examiner must be more than the property.

0			
	1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CERTIFICATE OF DEATH REG. NO.														
,	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	AW	YEAR	3. TIME OF DEATH				
	Norman	М.		PFE	PFELTZ			June 29				10:00	D M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State of	Foreign		
	212-09-5156	1 🔀 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURS MIN.		Day, Year)	1918	Ma	‴yland	1		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATION OF DE			_	NTY OF D				
DIRECTOR	Franklin Squar	tal		Ros	ssv	ille			Baltimore County						
ñ	10s. STATE 10b. COUNT	Υ		10c. CIT	y, TOWN C	OR LOCA	TION					10d. INSIDE CITY LIMITS?			
ă	Maryland		Bali			timore						1 XYES 2	□ NO		
A	10s. STREET AND NUMBER			101. ZIP CODE						10g. CIT	IZEN OF	WHAT COUNTRY	7		
EB	3229 Glendale		21234						ט	.S.	Α.				
FUNERAL	11. MARITAL STATUS	T EVER IN U.S.	ER IN U.S. ARMED 13. WAS DECENDENT OF HISPAI						E — American in	ndien,					
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						ecity:			olfy:	- 1		
		<u> </u>										.te			
DMPLETED	15. DECEDENT'S EDI (Specify only highest grad	CATION e completed)	1.5	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					KIND OF BU	DUSTRY					
١٣	7 Years	College (1-4 or 5	+)	Sales				F	ood 1	Digt	rib	ntor			
M	7 TEGIS 7. FATHER'S NAME (First, Middle, Last)			Jares			18. MOTHER'S NA				LID	4001			
		н.	Dfc	eltz				me irnac, n		C .		Skinne	, l		
	Fussell 19a. INFORMANT'S NAME (Type/Print)	п.			AOORES	S (Street	Emma end Number or Rural I	Route Numl			_	SKIIII	- 1		
0	pro-the-re-the-	feltz					ale Ave					2123	21		
	20a. METHOD OF DISPOSITION		20b, PLAC					• 10				own, State	7 -		
	1 Surial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Parkwood Cemetery					Baltimore Co.,						
	21. SIGNATURE OF FUNERAL SERVICE L	<u> </u>	. K W O O	22.	NAME A	ND ADDRESS OF FA	D ADDRESS OF FACILITY								
	The Johnson Funeral Home 8521 Loch Raven Blvd. Towson, MD21204										204				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, a												Approx			
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death														
	discourse or condition														
	a. Prostate Cancer-Metastatic OUE TO (OR AS A CONSEQUENCE OF):														
z	Conventable the sendalors	b													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	S A CONSEQUENCE OF):							i				
2	CAUSE (Disease or Injury	C	OP AS A CONS	A CONSEQUENCE OF):											
ĒΙ	that initiated events resulting in death) LAST	OUE IC	(OR AS A CONS	SECULENCE O								į			
9		d										1			
	PART II. Other algnificant condition	_		t resulting	In the u	nderlyir	ng cause given in	Part I.	24a, WAS AI		24	b. WERE AUTOPS			
DICAL	Congestive Hear			<u> </u>					PERFORMED? 1 □ YES 2 □ NO			OF DEATH?			
	Coronary Artery	/ Disease										1 YES 2 NO			
2	Cataracts														
ΧI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DEATH (Ch	eck only or	19)						
Sic	1 YES 2 NO	NOSPITAL:	☐ ER/Outpatient	OTHER: A/Outputient 3 □ DOA 4 □ Nursing Home 5 □ Reeldence						8 Other (Specify)					
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)						28d. DESCRIBE HOW INJURY OCCURED						
BY	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 NO								
	3 Suicide 8 Could not be	OF INJURY — At , atc. (Specify)	JURY — At home, farm, street, factory, office (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
1	4 Homicide determined														
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.														
8		- Allimetron engl						, vita piace, e	e(e) end menner ee stated.						
띪	29b. SIGNATURE AND TITLE OF CERTIFI	2 /					29c. LICENSE NU	The second secon							
2	20 NAME AND ACCIDENCE OF SEPONICE	wo could tree on	(A)	TEM OT CE -	Delet)		1	V/A			une	2 ₉ , 19	90		
	30. NAME AND ACCRESS OF PERSON W Michele Spauld		200 0 0	- 1	n Sq	uar	e Dr. Ba	alto,	Md.	21237	7				
	31. DATE FILED (Month, Day, Hear) Guna selections are property of the selection of the sele														

md

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Approximete interval Between **Onset and Death**

The law requires that the death certificate be en te has been signed by the attending physician is ate Dept. of Health and Mental Hygiene prior to em 23 shows any Injury, or other traum TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law r TO THE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept. IMPORTANT: If Nem 28 Is marked, or Nem 23 s

MEDICAL

PHYSICIAN:

BY

ETED.

COMPL

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	,		FOR STATE REGISTRAR	STATE OF MARY			MENT OF			IENTAL HYG			
			1. DECEDENT'S NAME (First, Middle, Last)	R. Pub	400	.7,	JATE O	T DEA		2. DATE OF DEAT		YEAR QO	3. TIME OF DEATH
	T.		4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	SE (In yrs. last		IF UNDER 1 YEA		R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yes	nr)	8. BIRTHP	Oto . MC
	2, 3 should	TOR											ltimore
	t. Pages 1,	DIRECTO	MD. BALTO	CITY			TOWN OR LO						10d. INSIDE CITY LIMITS? 1 V YES 2 NO
	n. ansit permi	FUNERAL	10. STREET AND NUMBER 4727 PENNINGTON AV					101. ZIP COD 21226	E			.S.	HAT COUNTRY?
-3146	attending physician. se as the burial-transit permit. Pages 1,	ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2X AN	MED IO	If yes,	SPECENDENT (SPECIFIC CURRENT CONTROL C	en, Mexican	can, Puerto Rican, etc.) Black,			— American indian, While, etc.
212	norpm or atten	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 YEARS	Cation completed) College (1-4 or 5+) 4 YEARS	(Gi	ve kind of wo Do NOT use	SUAL OCCUP. rk done during retired.) JLTANT	ATION most of worki	ing	FIDE	LITY -		EPOSIT
LANE	the hor detach	COMPL	17. FATHER'S NAME (First, Middle, Last)							RE (First, Middle, Me			ŽA .
MARYLAND			WILLIAM H PUKAZ 190. INFORMANT'S NAME (Type/Print) RONALD W. PUKACZ					et and Numbe	r or Rural A	oute Number, City o	r Town, State, 2	(ip Code)	
-	director and	. 10	20a. METHOD OF DISPOSITION 1 Å Burlet 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	20b. PLACE	OF DISPOSIT	RT OF	cemetery, cre-		20	E. LOCATION -	- City or Tow	
ALT	death. F e funeral II. examin		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	VIN E	. ECK	McCU	LLY FU	JNERA	L HOME	237 E.	PATAI	PSCO AVE.
	filled in by on, or remo		23. PART i. Enter the diseases, or shock; or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Emplications that ceu List only one cause of	n each line		et enter the				respiratory a	errest,	Approximete interval Betwoonset and Do
	8 9 - 6	TION	Sequentially list conditions, if any, leeding to immediata	b. DUE TO (OR A								- 100	
P.O. BOX	th certificate ending physic i Hygiene pri or other tr	ERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	eDUE TO (OR A	AS A CONSEC	QUENCE OF)							
_	atte atte	O											1

PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY 1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 4 □ Nursing Home 8 □ Residence 8 □ Other (Specify) HOSpice

tient 2 - ER/Outpetient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY

28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.

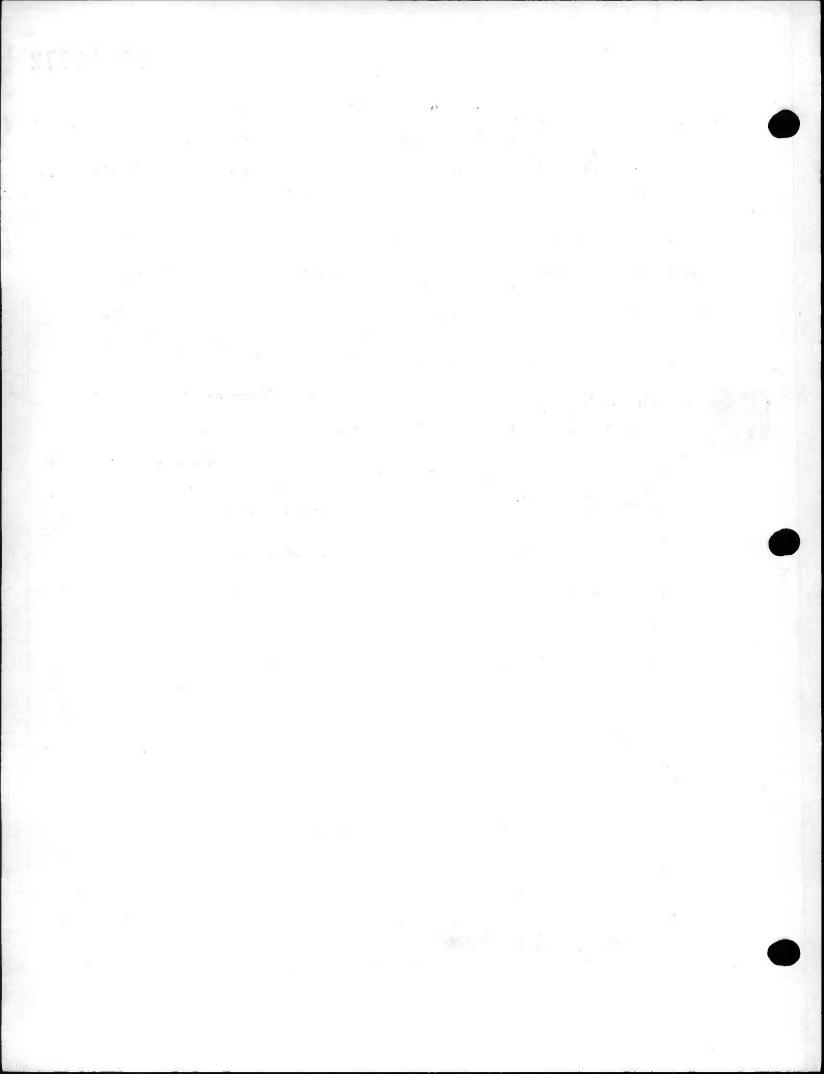
296. SIGNATURE AND TITLE OF CERTIFIE alexanders 29c. LICENSE NUMBER D 27087

29d. DATE SIGNED (Month, Day, Year)

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

М

Julia Davidson-Mandalettine

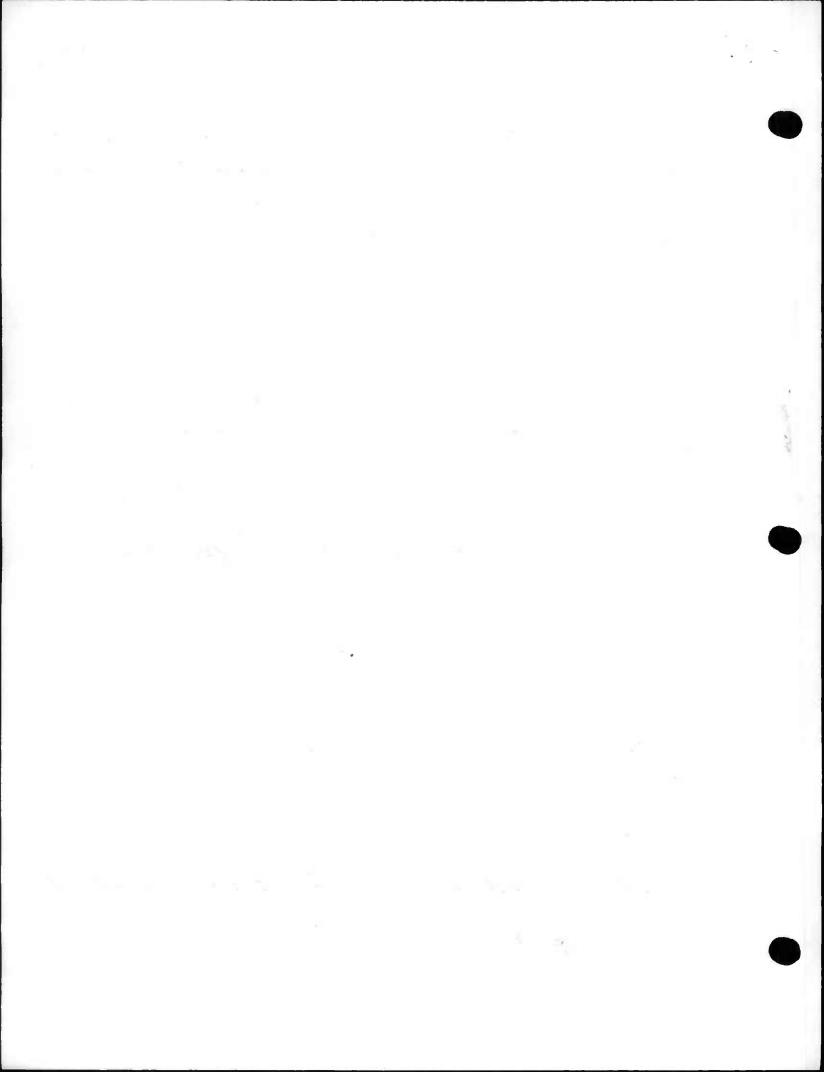


BALTIMORE WINNY LAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral citroctor, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should moval.	cal examiner, must be ndiffed at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6-may be veitabled by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner, must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) VIRGINIA FIELDS PERRY 2. DATE OF DEATH MONTH DAY JUNE 27, 1990 3. TIME OF DEATH 9: 32 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 1
TOR	96. FACILITY NAME (If not institution, give street and number) FRANKLIN SQUARE HOSPITAL BALTIMORE, MD. BALTIMORE
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	MARYLAND BALTIMORE 1 ☐ YES 2 ☑ NO 10e. STREET AND NUMBER 10e. CITIZEN OF WHAT COUNTRY?
ERA	9904 FINNEY DRIVE 21234 USA
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Merried 1 FORCES? 1 YES 2 NO 1 YES, GIVE WAR OR OATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indien, 15 yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indien, 15 yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:
COMPLETED E	Second S
MPL	8 HOUSEWIFE AT HOME
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)
BE	EDWARD HTCKS FTFLDS 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	CHARLES LEE PERRY, JR. 2812 MUNSTER ROAD BALTTMORE, MD, 21234
20002	20e. METHOD OF DISPOSITION 1 Ty Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State
To the same of the	4 Donation 5 Other (Specify) PARKWOOD CEMETERY BALTIMORE MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	DIPPEL FUNERAL HOME, INC. 7110 BELAIR ROAD BALTIMORE, MD, 21206
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallers. List only one cause on each line.
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acuse Myocardial Infarction oue to (or as a consequence or):
z	
ATIO	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
EDICAL	PERFORMED? 1 YES 2 NO COMPLETION DF CAUSE DF DEATH?
PHYSICIAN: ME	1 TES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? A HOSPITAL: OTHER:
IXSI	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Recidence 8 Other (Specify)
	1 Netural 5 ☐ Pending (Month, Day, Year) INJURY WORK? M 1 ☐ YES 2 ☐ NO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be distermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. CERTIFYING PHYSICIAN: To the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.
BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Moriti, Day, Year) 0-12849 6-28-90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	DR A H CHTLADT 7600 OSLER DRIVE TOWSON MD 31. DATE FILED (Manth, Day, Year) 32. REGISTRAR'S SIGNATURE 33. DATE FILED (Manth, Day, Year) 34. A.



PLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be galained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be approximated.

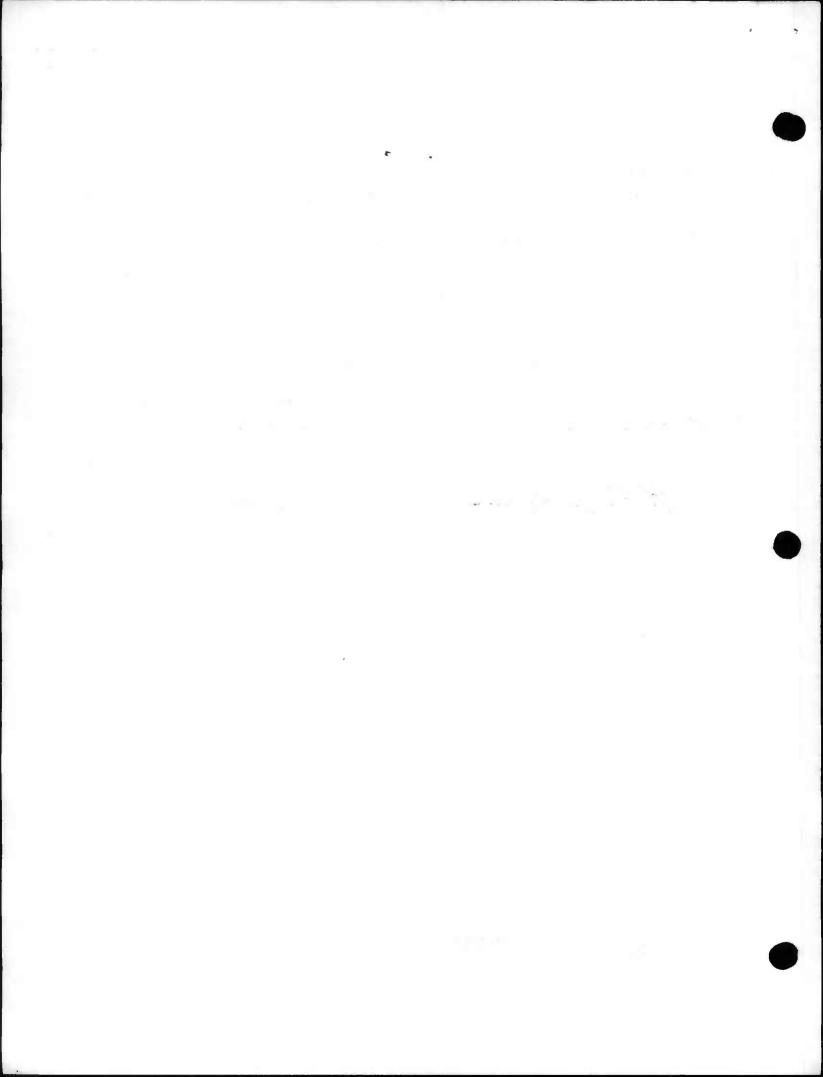
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR			CERTIFIC	AILU	PE DEAL	п	R	EG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH		YEAR	3. TIME OF OEATH
Elizabeth	Gibson	Perr	nell				June	28		90	1:45 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6.			UNDER 1 YEA	R IF UNDER	24 MDC	7. DATE OF E				HPLACE (State or Foreign
	l l .	78		NTHS DAY		MIN.	(Month, Da	y. Year)		Count	ry)
213-22-1664	1 M 2 X F	/ 0	YRS.				April	15,1	912	Te	nn.
9a. FACILITY NAME (If not institution, give st	treet and number)		91	. CITY, TOV	N OR LOCATIO	ON OF DE	ATN		9c. COUR		
NORTH ARUNDEL HO	SPITAL		1	GLE	N BURN	IE			AN	NE A	ARUNDEL
RESIDENCE OF DECEDENT	0. 1								-		
10a. STATE 10b. COUNTY	1		10c. CITY, T	OWN OR LO	CATION						10d. INSIDE CITY
Maryland Anne	Arundel		So	vern .							LIMITS?
2	munder		56	vern.							1 🗌 YES 2 📉 NO
10e. STREET AND NUMBER					10f. ZIP CODE	•			10g. CITI	ZEN OF	WHAT COUNTRY?
8322 Jacobs Roa	ad				211	44		- 1		U.S	.A.
11. MARITAL STATUS	12. WAS DECEDENT EV	/ER IN U.S.	ARMED	13, WAS	DECENDENT OF	F NISPAN	IIC ORIGIN? (S	pecify Yea	or No—	14. RAC	E — American Indian.
1 Never Married 2 Married	FORCES? 1	YES 2		If yes	, specify Cuban	n, Maxica	n, Puerlo Ricar	n, atc.)			E — American Indian, ik, White, atc.
3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆	YES 2 X NO	Specify	γ:		- 1	Spec	^{:#y:} Black
	1										
15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a.	DECEDENT'S US (Give kind of work	UAL OCCUP	ATION most of working	a	16b. KIN	ID OF BUSI	NESS/IND	USTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5+)	_	(Give kind of work life. Do NOT use n	etired.)		•					
8	None		Kitchen	Work	er			N	.S.A	١.	
17, FATNER'S NAME (First, Middle, Lest)						IEDIO NA	ME (First, Middl			-	
	(Sibson	n				m∈ (F#St, MIOO)	o, maioen S			
UNKNOWN		1 TN 2 O1	11		Mar	gie			U	NKNC	WN
INFORMANT'S NAME (Type/Print)			19b. MAILING AD	DRESS (Str	eet and Number	or Rural i	Route Number, (City or Town,	State, Zip	Code)	
David G. Pernell	L		8322 Ј	acobs	Road,	Set	vern.	Marvl	and	211	44
METHOD OF DIGROCITION		net 51 11									
METHOD OF DISPOSITION 1 ♀ Burlel 2 □ Cremation 3 □ Reme	oval from Stata		DE OF DISPOSITI		,	,				-	own, Stata
4 Donation 5 Dother (Specify)			Ceda	r Hi.	ll Ceme	eter	У	Broo	oklyı	n Pa	rk Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				E AND ADDRES						
Q 4	01/			Sin	gleton	Fur	neral B	HOme			
n. Have	Azekin	-		Gle	n Burn	ie,	Maryla	and			
23. PART i. Enter the diseases, or o	complications that co	eused the	death. Do not	enter the	mode of dyle	ng, suc	h es cerdiec	or reepir	atory en	reet,	Approximate
shook or boart follows	List only one ceuse	on each H	lma						-		Internal Detroises
SHOCK, OF Heert lendre.	A COLUMN TO THE PARTY OF THE PA										interval Between
IMMEDIATE CAUSE (Finel	A COLUMN TO THE PARTY OF THE PA			to.	0-1	~~	20				Onset end Death
IMMEDIATE CAUSE (Finel disease or condition	A COLUMN TO THE PARTY OF THE PA		in S-	ten	st	20	ke				
IMMEDIATE CAUSE (Finel	e. B	you	in S-								
IMMEDIATE CAUSE (Finel disease or condition	e. B	you	in S-					ke			
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. OUE TO (OR	y au as a cons ol o	secuence of:	Col	Rig	Wr	Shro				
immediate cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate	e. OUE TO (OR	y au as a cons ol o	secuence of:	Col	Rig	Wr	Shro				
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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Timothy C. Murray

1.D. 9000 Franklin S 3 1990 Shaying Davidson

M.D

	1 - STATE REGISTRAR		STATE OF I		/ DEPAI CERTIF					/IENT/	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Vincent	Middle, Last)		OUAGLI/	ΔΝΔ	C ₂₀				MDN	e of OEATH DA	1990	YEAR	3. TIME OF OEATH 2005 AVS M
	4. SOCIAL SECURITY NUMB 068-05-1202	ER	5. SEX 1 X M 2 F	6. AGE (In yrs. 87		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATI	24, 1902		8. BIRTHI	PLACE (State or Foreign y)
OR	9a. FACILITY NAME (If not ins Franklin Squar						SSVI	R LOCATIO	ON OF DE	ATH		9c. COUN		eath Ore County
IRECT	RESIDENCE OF DEC					TY, TOWN C		ION						10d, INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Md. 100. STREET AND NUMBER	0			B	altimo	_	ZIP CODE					ZEN OF W	1 X YES 2 NO
BY FUNE	5509 Mayview / 11. MARITAL STATUS 1 Never Merried 2 💢 3 Widowed 4 Divor	Merried	12. WAS DECEDED FORCES? IF YES, GIVE				If yes, sp		F HISPAN	n, Puerto	IN? (Specify Yes Rican, etc.)		14. RACE Black Specifi	
E COMPLETED		EDENT'S EOUr highest grade		+)	OECEOENT'S (Give kind of life. Do NOT L	work done ise retired.)	CCUPATIO	ON st of workin	g	16	b. KIND OF BUS	RINESS/INDI	Whit USTRY	<u>e</u>
E COM	17. FATHER'S NAME (First, MI Nunzio Quaglia		0.0-								Middle, Maiden Coniglio			
TO B	Mary A. Quagl										mber, City or Town , Md. 212		Code)	
-	20a. METHOO OF OISPOSITI 1 Surlet 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem (Specify)		Parky	CE OF DISPO	July	/ 2,	1990				cation — c cimore		wn, State
	≥ James F.		Λ	f. be	abbu			d J. F			5305 Har	ford F	Rd. 2	1214
	23. PART I. Enter the di ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in daeth)	eart faliure. Iei	List only one ca	use on eech i	ina.		tha mo	da of dyi	ng, eucl	h ae ca	rdiac or reepi	ratory arre	eat,	Approximate Intervel Between Onset and Daath
TION	Sequentielly list conditi	diete	Probabl				Infe	ectio	n					
CERTIFICATION	cause. Enter UNDERLYi CAUSE (Disease or inju that initiated events resulting in death) LAS	ry	cOUE TO	OR AS A CON	SEOUENCE (OF):								
PHYSICIAN: MEDICAL C	PART II. Other eignifice	nt condition	e contributing to	death but no	ot resulting	in tha ur	ndarlyin	cause (given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Ch	eck only	one)			
HYS	1 YES 2 NO		1 Inpatient 2	F INJURY	28b. TI	ME OF	28c. INJ	URY AT	sidence		her (Specify) EŞCRIBE HOW I	NJURY OCC	UREO	
B	2 Accident	Pending Investigation Could not be	28e. PLACE	Dey, Year) OF INJURY — At I, etc. (Specify)		Street, fac	1 🗆	PRK? YES 2	NO		OCATION (Street	and Number	or Rural R	Route Number,
COMPLETED	4 Homicide	determined	ICIAN: To the best of		, death occur	red at the i	time, date	end place	, end due		ty or Town, State)	nner ee state	ed.	
COM	one) 2 MEDI			examination end	/or investigat	lon, in my o	opinion, d				ite and place, en	d due to the	e ceuse(s	a) and menner as stated.
H	296. SIGNATURE AND TITLE	of CERTIFIE		Music	0	mi	5		3703					(Month, Day, Year)
2	30 NAME AND ADDRESS OF	E DEDCONANT	O COMPLETED CAL		-	- m (a)			-, 55			00	me Z	0. 1770

Square Drive Baltimore.

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IN THE HUSTIAL DA ATTENDING PRISHON. THE NAM TEQUINES HIS LINE OF EXECUTED WITHIN 23 TOOLS GIVEN TO ATTENDING OF THE PRISHON OF A TOOLS ATTENDED TO ATTENDING OF THE PRISHON OF THE PRISHO	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral cars	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Buth Louise Richardson 3. TIME OF DEATH 3:15 Richardson 28 5 SEY 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Day, Yea. 216-01-3550 MONTHS DAYS HOURS 89 1 M 2 JCF YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Francis Scott Key Medical Cemter DIRECTOR Baltimore (itu RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore Dundalk 1 - YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE Paulette Road U.S.A. 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 27 If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 2 NO 1 Never Married 2 Married Specify: White BY 3 🔀 Widowed 4 🗌 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Housekeeper COMPL 6 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Nixon 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joanne Schmidt Lakewood Avenue Balto. Md 0a. METHOD OF DISPOSITION
OF Burlal 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, Stata 20b. PLACE OF DISPOSITION (Name of cometons cremators or Elkridge, Meadowridge Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. Eastern Ave. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heert fellure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition OGG Jole Pulmonay En bology
OUE TO (OR AS A CONSEQUENCE OF): Seem resuiting in death) double into Aultinfast PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Rasidence 6 Other (Specify) 1 YES 2 D 27. MANNER OF GEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ВҰ Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 🗌 Suicide 6 Could not be COMPLETED 4 Homicide detarmined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as atesed. D38625 29b. SIGNATURE AND TITLE OF CERTIFIER BE bach wing 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print

HAUERBACH, ME

Bruce

Cohan

32. DEGISTRAR'S SIGNATURE

Guna Davidson - Maridade

DHMH-16 Ray 1/89

FRANCIS SCOTT KEY

BY

COMPLETED

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	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND / CE	DEPAR	TMENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	-		-				OF DEATH		3. TIME OF DEATH
	Rober	ct	L.		Ramse	ur	7.	-2-90 DAY	YEAR	4:15AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE	OF BIRTH	8. BIRT	HPLACE (State or Foreign
	244-24-1108A	1 🗌 M 2 🗍 F	66	YRS.	MONTHS DAYS	HOURS MIN.	Month	Day Your /52	Cour	(x) (
	Se. FACILITY NAME (If not institution, give str	reet and number)	WV		9b. CITY. TOWN C	R LOCATION OF D	EATH	1 90.0	OUNTY OF	DEATH
œ l	4141 Park Heights					imore Ci		1 3 3 3		
ECTOR	RESIDENCE OF DECEDENT	Avenue			Dail	THOTE C1	Ly			
<u> </u>	10a. STATE 10b. COUNTY			10c. City	Y, TOWN OF LOCAT	IQN .				10d. INSIDE CITY LIMITS?
<u> </u>	ING.			1	o Her	nore.				1 Z YES 2 NO
4	100. STREET AND NUMBER		,		101	ZIP CODE		109. 0	CINIZEN OF	WHAT COUNTRY?
FUNERAL DIR	4141 PAR	5 He	19hts	H	Lie 2	1215	5		11	5.14.
5	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 N			ENDENT OF HISPA ecify Çuban, Mexic		17 (Specify Yaa or No- Rican, atc.)	14, RA	
BY	3 Widowed 4 Divorced		AR OR DATES		1 TYES				150	who to
		W IM	11-				Lan		N	MIL
ш	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Gh		VOINT OCCUPATION OF CONTROL OCCUPATION OF CONTROL OCCUPATION OCCUP		160.	. KIND OF BUSINESS/	INDUSTHE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	.)	50 1107 80						71:17
5	17. FATHER'S NAME (First, Middle, Last)		. A			18. MOTHER'S N	AME (First, I	Middle, Malden Surnam	0	
BEC	John D	am -	EUI			F 3	181	+eir	1	,
	19a. INPORMANT'S NAME (Type Print))	19b	. MAILING	AOORESS (STOOL)	nd Number or Rural	Route Numb	ber, City of Town, Stelle,	Zip Code)	112121
2	1 pull	O.V	S 4	0	2-3 44	VBNO	allt	Thue "	DC	6/401/10
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval trom State	other pla	OF DISPOS	SITION (Name of cor	netery, crematory or	VIA	20c. LOCATION		M. State
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- DOI	1000	22 NAME AL	ID ADDRESS OF F	ACILITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nas	VCC II CLI
		100	00		. 1.	/ /	4 1	-11 0 1	7.0	1101111111
	Laven	ares	ell		1/112.	14 W	No	with As	2,0	alb, 1425
	23. PART i. Enter the diseases, or c	omplications the	t caused the da	ath. Do r	not enter tha mo	da of dying, au	ch aa card	diac or reapiratory	arrest,	Approximata
	ehock, or haert fallure. I	List only one cat	ise on each line.							interval Batwee
	disease or condition	Arterio	eclerot.	ic c	ardiovac	aular di	50350			
	resulting in deeth)		(OR AS A CONSEC			Julai ul	Sease	<u> </u>		
,										1
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):					
Ă.	cause. Enter UNDERLYING									ŀ
Ĭ	CAUSE (Disease or injury thet initieted events	OUE TO	(OR AS A CONSEC	UENCE O	F):					
H	resulting in death) LAST	4								
5										
A	PART ii. Other algnificant conditions	s contributing to	death but not re	sulting	in the underlyin	g causa given in	Part I.	24a. WAS AN AUTOP PERFORMED?	SY 2	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2								1 U YES Z NO		COMPLETION OF CAUSE OF DEATH?
AE.										1 TES XX NO
-							_	INSPECTI	ON	2 82 82 83
A	25. WAS CASE REFERRED TO MEDICAL				26. P	ACE OF DEATH (C	heck only or	ne)		
PHYSICIAN: MEDICAL	EXAMINER? XXXES 2 \(\text{NO} \)	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:					
Ě	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b, TIM		e 5XXRasidence		SCRIBE HOW INJURY	OCCURED	
Δ.	VVV	(Month, E	Pay, Year)	IN.	IE OF 28c, IN.	RK?	1	TO ASSESS OF THE PARTY OF THE P		

1 TYES XX NO INSPECTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Nasidence 6 | Other (Specify) HOSPITAL: XXXES 2 NO atlant 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK?
1 YES 2 NO 26b. TIME OF INJURY 26d. DEȘCRIBE HOW INJURY OCCURED 1 XXI Vitural 5 Pending Investigation 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🔲 Homicide

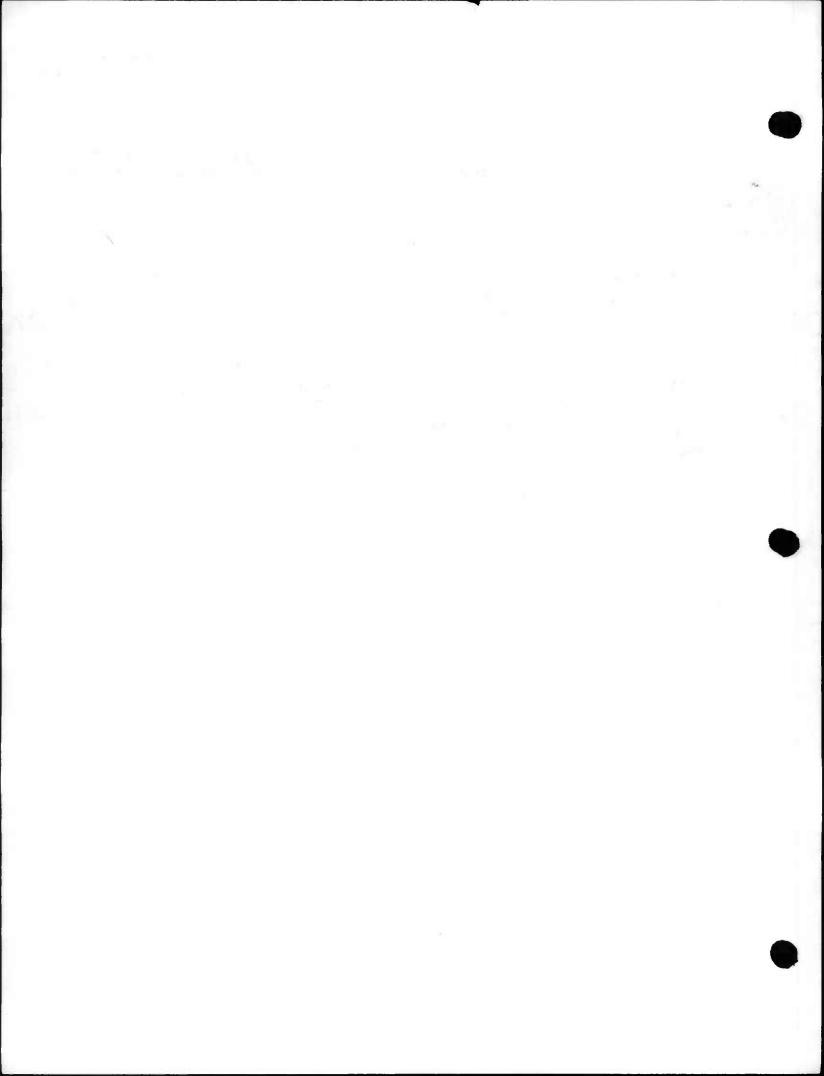
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7-2-90 OCME

WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) AND ADDRESS OF PERSON

Ann M. Dixon, MD 111 Penn Street, Baltimore, MD 21201 JUL 0 3 1990

Line devidor hands



ND 21203-3146

BALTIMOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE

ULU DE PRESIDENTE

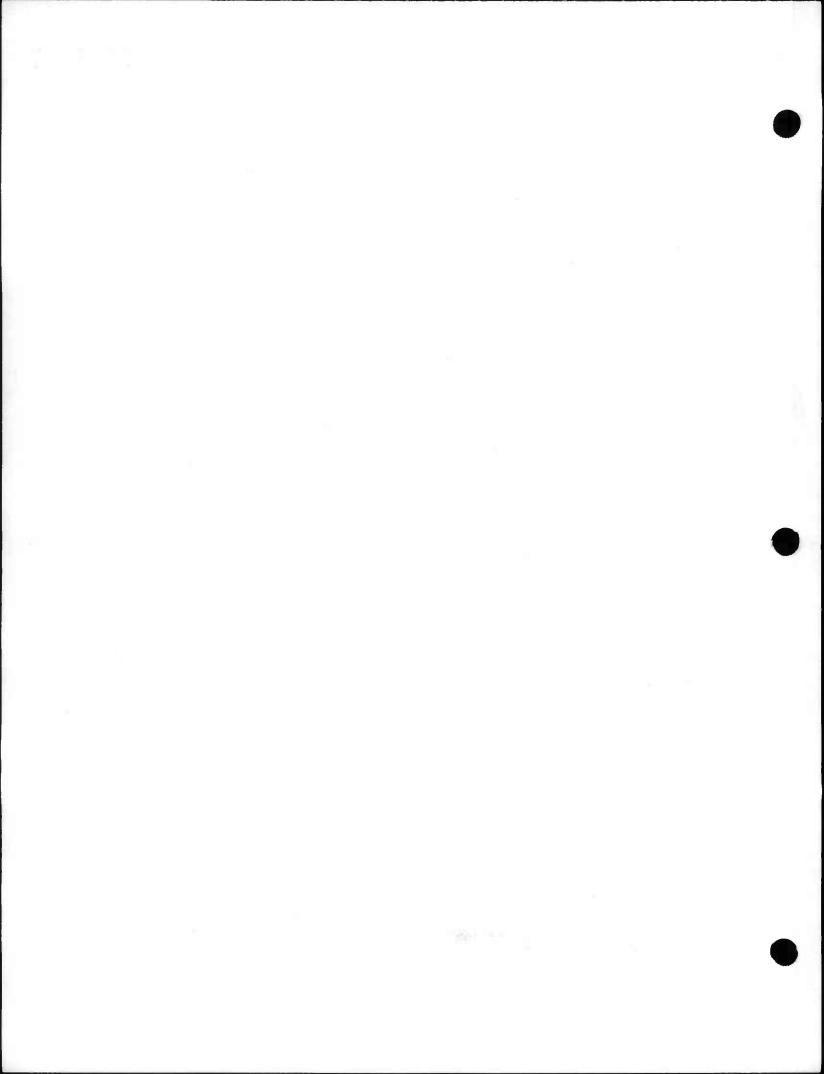
	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND I	MENTAL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF DEATH		3. TIME OF DEATH
,	WILLIAM	Α.	ROF	BINSON	J	July 2,	1990 "	1:20 P M
1			yrs. last birthday)	IF UNDER 1 YE		7, DATE OF BIRTH	8,1	BIRT HPLACE (State or Foreign
į	200 21 1720 1	X M 2 □ F 67	YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) 10-8-192		.Carolina
~	9a. FACILITY NAME (If not institution, give street					EAIH	SC. COUNTY	OF DEATH
DIRECTOR	University Hosp	ital		Balt	imore			
낊	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	OCATION			10d. INSIDE CITY LIMITS?
8	Maryland Baltin	more	Pa	arkvi]	1e			1 TYES 2 NO
	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
12	1727 Weston Ave				21234		U.S	. A .
FUNERAL		. WAS DECEDENT EVER IN			DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2X∭NO TES		s, specify Cuban, Mexico YES 2 X NO Specif			Specify: White
۱۵	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OCCU	PATION	18b. KIND OF BU		
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	ollega (1-4 or 5+)	(Give kind of life. Do NOT u	work done durin se retired.)	g most of working			
립	12 Years		Paint	Prote	ection	Autom	otive	
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		
0	William	_OR	obinson	1	Loma	Ε.	J	ones
BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
임	Dorothy V. Robi	ngan	1727	West	on Ave. F	Raltimore	. Mar	yland 21234
	20a, METHOD OF DISPOSITION	20b	PLACE OF DISPO		of cemetery, crematory or			or Town, Stata
	Burial 2 Cremation 3 Removal	from Stata	ulanev	Valle	ey Mem. (Gar. Bal	to.Co	., Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS		/	22 NAM	E AND ADDRESS OF E	CILITY		
	Frely S.	Johns	ion	Joh 852	nnson Fur 21 Loch I	neral Hom Raven Blv	e d.Tow	son,MD21204
	23. PART I. Enter the disaesee, or com shock, or haart fallure. List			not enter the	mode of dylng, suc	ch ee cardiac or resp	iratory arrest	Approximata Interval Between
	IMMEDIATE CAUSE (Final	tolly one cause on ea	acii iiile.	_	1			Onset end Death
	disease or condition resulting in death)	Ventri	culian	DUS	nhouse			Unneden
	resulting in death) . e	DUE TO (OR AS A	CONSEQUENCE C	F):	0			
z								
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE C	F):				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury							
트	that initieted events	OUE TO (OR AS A	CONSEQUENCE	F):				
剧	resulting in death) LAST							
ᅙ	PART II. Other significent conditions of	ontributing to death b	ut not resulting	In the under	riving cause given in	Part I. 24e, WAS AI	ALITOPSY	24b, WERE AUTOPSY FINDINGS
3	SIP Acros - Motor o				,	PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
۱۵	1,1312	700 -	V 17 - 1		-	1 TYES	2 NO	OF DEATH?
PHYSICIAN: MEDICA						— i		1 TYES 2 NO
Z								
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		OTHER:	28. PLACE OF OEATH (C	neck only one)		
ΥS	1 YES 2 NO	Inpetient 2 - ER/Outp			Home 5 Realdence			
H H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJUHY OCCUP	1EU
B≼	2 Accident investigation				YES 2 NO	ļ		
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, pify)	street, factory,	, offica	281. LOCATION (Street City or Town, State		Hurai Route Number,
	4 Homicide detarmined							
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	ledge, death occur	red at the time	, data and place, and du	a to the cause(a) and ma	nner as stated.	
MO	anal	On the basis of examinatio	n and/or investigat	ion, in my opin	ion, death occured at th	e time, date and place, a	nd due to the o	cause(a) and menner as stated.
	296,/BIGNATURE AND TITLE OF CONTINER	1			29c. LICENSE NU	JMBER	29d. DATE S	IGNED (Month, Day, Year)
BE	Metho	D-M)				PR	12/90

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21201

SART

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ensit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deaf	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury,	

	1 - FOR STATE (HEALTH AND I	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	zabeti		eese	OLA III	2. DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs.	-	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		DIRTHPLACE (State or Foreign
	216-05-4851 1 N 2 D	75 75	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-18-15	1 0	iryland
DIMECTOR	9a. FACILITY NAME (If not institution, give street and number Double Haspital and RESIDENCE OF DECEDENT		Cntr.		or Location of DE	ATH	9c. COUNTY	OF DEATH
i C	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	ATION			10d. INSIDE CITY
- 1	Maryland Baltimore		Mon	kton				1 YES 2 X NO
EHAL	2422 Houcks Mill Rd.				21111		U.S.A	OF WHAT COUNTRY?
	Naver Married 2 Married FORCES	EDENT EVER IN U.S. 1 TYES 2 [IVE WAR OR DATES		If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 X NO Specify			RACE — American Indian, Black, White, etc. Specify: Thite
	15. DECEDENT'S EDUCATION	16a,	DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS		
COMPLET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4) 12 yrs	Of 5 +1	(Give kind of ville. Do NOT us omemak	vork done during te retired.)	nost of working	Own Hor	ne	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BEC	James Harry Herr				Florence	e R. H:	ines	
20	19e. INFORMANT'S NAME (Type/Print)					Toute Number, City or Tow		
	William Blomeier					Monkton, I		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 ☐ Cremation 3 ☐ Removal from Sta 4 ☐ Constion 5 ☐ Other (Specify)	206. PLA	r place)	lge 7-2	emetery, crematory or 90		cation - city kesvill	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11			AND ADDRESS OF FA	ineral Home	e Inc	
	Mull And	/x		1050	York Rd.	Towson, Me	d. 2120)4
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	Sep Si:	SEQUENCE OF	ni We co	node of dying, suc	h ee cerdiec or respl	ratory arrest,	Approximate interval Between Onset and Death 2 0045 2NO
5	PART II. Other significent conditions contribution	ig to death but no	ot resulting	in the underly	ing cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
5	Seizure Diski			4- 4		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	Accidented Tra	cture	Let	t hui	nerles		W.3 114	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (Ch	ack only one)		
200	EXAMINER? HOSPITA	L: t 2 🗆 ER/Outpatient	3 DOA	OTHER:	ome 5 Residence			
PHYSICIAN:	27. MANNER OF DEATH 28s. DA	TE OF INJURY rith, Day, Year)	28b. TIM	E OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
ED BY		ACE OF INJURY — Al	t home, farm,			281. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic							use(s) and menner as stated.
쀪	29L SHONASTURE AND TATLE OF CERTIFIER	han	Mcd	1/2	29c. LICENSE NUI	ABER	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETES	CAUSE OF DEATH (TEM 27) (Type	Pint) lo	- 57	Rolf	Mil	71) 305
	31. DATE FILED (Month, Day, JUL 0 3 100 FG	ISTRAPS SENATUR	Sidson 1	Pandem		suc 40		4 (2)
	0 - 1000	0						

permit Pages 1, 2, 3 shapes

	1 - STATE REGISTRAR	STATE OF MARY		IMENI UF			IYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, I	Last)				2. DATE OF		,	YEAR 3. TIME OF DEA	тн
	JOSEPH C. F	READMOND				0.7	1		90 1320	рм
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF I	y, Year)		8. BIRTHPLACE (State or Fit Country)	
	217-05-9395	1 🔀 M 2 🗆 F	75 YRS.			10	13	14	MARYLAND	
~	9e. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN	OR LOCATION OF D				NTY OF DEATH	
6	NORTH ARINDS	L HOSPITAL		GLEN	BURNIE	MD		ANN	E ARUNDEL	
DIRECTOR	10a. STATE 10b. CC		10c. CIT	Y, TOWN OR LOC	ATION		575		10d. INSIDE CITY	_
	MARYLAND	ANNE ARUNDEI	L	GL	EN BURN	IE			1 🗆 YES 2	NO
AL	10e. STREET AND NUMBER				of. ZIP CODE			10g. CITI	ZEN OF WHAT COUNTRY?	
FUNERAL	1320 HOWARD				21061				U.S.A.	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR I	ZY NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic S 2 NO Speci	an, Puerto Rice		or No—	14. RACE — American Indi Black, White, etc. Specify: WHITE	len,
9	15, DECEDENT'S (Specify only highest		16a. DECEDENT'S	work done during i	TION nost of working	16b. KII	ID OF BUS	INESS/IND	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSIN	se retired.)		ט. ני. ני	s C	∩\\T:	RNMENT	
COMPLETED	12 17. FATHER'S NAME (First, Middle, Les		HOOSIN	3 INSP	18, MOTHER'S N				COPILITY	
BE CC		READMO N D			MARY	HO PI		sumame)		
10	190. INFORMANT'S NAME (Type/Print) MAUREEN E. MI				and Number or Rural D RD. G				21001	
	20e. METHOD OF DISPOSITION	20	b. PLACE OF DISPO	SITION (Name of	emetery, crematory or				City or Town, State	
	1 X Buriel 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specify)		GLEN HA	VEN CE	METERY		GLE	n bu	JRNIE, MD.	
	21. SIGNATURE OF PRINCIPAL SERVICE	E LICENSEE	Imens	RAYM	OND C.	FINK I				
_	- Nacc	1 00 1 000)						BURNIE, MD.	
	23. PART I. Enter the disease shock, or heert fall IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Carler	each line.	1 to	loce or dying, su	cn as cardiac	A .	A-	rest, Approxin Interval E Onset en	Batween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	- Quit	A CONSEQUENCE O	your	vel elem	, de	dre)	60		
CALC	PART II. Other significant conc	Stions contributing to death	But not resulting	in the underly	ing cause given in	n Part I. 24	a. WAS AN		24b. WERE AUTOPSY I	
20	Diolo	fell of Misel	Lus.				YES 2		COMPLETION DF OF DEATH?	
MEI	Kerro	Soular	-l					77	1 YES 2	NO
ä		. 0 /							N/A	
S	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	- Decoron	26. OTHER:	PLACE OF DEATH (C	check only one)				
PHYSICIAN: MEDI	1 VES 2 NO	1 Inpatient 2 ER/Ou			ome 5 - Reeldence	S Other (S		AJURY OC	CURED	
Y P	1 Netural 5 Pending	(Month, Day, Year)		JURY	VORK? YES 2 NO	250. 52301	ibe now ii		301123	
ED BY	2 Accident Investiga 3 Suicide S Could no 4 Homicide determin	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, ferm,	street, factory, of	fice	281. LOCATION OF T	ON (Street e bwn, State)	nd Number	r or Rural Route Number,	
LET	00. OF 00 1 1 1 1		7							
COMPLETED	(Orloca Lane)	PHYSICIAN: To the best of my kno AMINER: On the basic of examinat								stated.
BE	29b. SIGNATURE AND TITLE OF CER	TIFIER //-			29c. LICENSE M	UMBER)	<i>e</i>	29d. DAT	E SIGNED (Month, Day	X
5	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF D					17.5		110	
	DR J RAMI			OOD RD	. GLEN	BURNI	E MD	21	061	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG								
		Silia Taindron-Rom	YOUR							

0

DHMH-16 Rav 1/89

31. DATE FILED (Morth Can Year)

nit Piges 1, 2, 3 should

					0 1000
	1 - STATE OF MARYLAND / DEPAR REGISTRAR CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIEN REG. NO		
\$	1, DECEDENT'S NAME (First, Middle, Last) CRYSTAL L. SHIPLE	EY	2. DATE OF OEATH MONTH D.	ay year	3. TIME OF DEATH 8:33 P M
ì	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 219-52-311/ 1 □ M 2 ☑ F 4/ YRS.	1 UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 44-29-4	Coun	HPLACE (State or Foreign try)
R	90. FACILITY NAME (If not institution, give street end number) LiberTV Medical CTr	BALTO:	DEATH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	TY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Md B	Baltimore 101. ZIP CODE		100 CITIZEN OF	1 X YES 2 NO WHAT COUNTRY?
FUNERAL	4020 N. Rogers Avenue	21207		USA	4
BY FU	11. MARITAL STATUS 1 \(\sum \) Never Merried 2 \(\sum \) Merried 3 \(\sum \) Widowed 4 \(\sum \) Divorced	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 □ YES 2 ☒ NO Specify Cuben, Mexic	en, Puerto Ricen, etc.)	o or No— 14. RAC Blac Spe	E — American Indien, ik, White, etc. Sity: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	S USUAL OCCUPATION work done during most of working use retired.)	16b. KIND OF BU	SINESS/INDUSTRY	
шІ	17. FATHER'S NAME (First, Middle, Lest) Robert Shipley		AME (First, Middle, Maiden y Atkinson	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) 19b. MAILING Keith Jones 4020	G AODRESS (Street and Number or Rura N. Rogers Avenu	e E Baltim	roe, Md	21207
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	osition (Name of cemetery, cremetory or re Cemetery	20c. LC Ba	ocation - city or 1 1 timone,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F March F/H We 4300 Wabas	est		
	PART I. Enter the diseasee, or complicatione that caused the death. Do ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final			lratory errest,	Approximete Interval Between Onset end Death
	disease or condition resulting in death) e	long feur	lun		
NO	Sequentially liet conditione, ff any, leeding to immediate	hal Asthyr	47		
ICAT	CAUSE (Disease or Injury	OID.			
CERTIFICATION	that initiated events resulting in deeth) LAST	or).			
- I	PART II. Other eignificent conditione contributing to deeth but not resulting	In the underlying cause given i		N AUTOPSY 24 RMED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL			1 _ YES	2 NO	OF OEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only one)		
SICI	EXAMINER?	OTHER: 4 Nursing Home 5 Reeldence			
	1 Natural 5 Pending	ME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)	, street, fectory, office	281. LOCATION (Street City or Town, State	and Number or Rura)	Route Number,
COMPLETED	29e. CERTIFIER (Check only one)				
8	2 MEDICAL EXAMINER: On the base of szamination end/of investigs:				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE N	- 9	29d. DATE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ	De, Print)	5044	1/	1012
- 1	in				

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notitled at once.	IMPORTANT: it item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detach ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to builal, cremation, or removal.
er death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos

	FOR STATE STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMEI ERTIFICAT			MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) Philip Henry	Stock	a			2. DATE OF OEATH	<u> </u> 46	3. TIME OF DEATH	
	213-05-5176 14	6, AGE (In yrs. In	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 06 10 12		RTHPLACE (State or Foreign ountry) MoLa		
EQ.	9a. FACILITY NAME (If not institution, give street a Francis Scott Key M RESIDENCE OF DECEDENT				timore (9c. COUNTY O	OF DEATH	
	10a, STATE 10b, COUNTY		10c. CITY, TOWN OR LOCATION Baltimore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10. STREET AND NUMBER 317 South Fagley Sa	treet		101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY U.S.A.					
B	1 Never Married 2XX Married	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 1. RACE — American Indian, Black, Whita, etc. Specify: White				Black, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	oleted) (betelo	ECEDENT'S USUAL Give kind of work do to. Do NOT use retired Broomake	ne during mo f.)		186. KINO OF BUS	siness/inoustratic Bro		
BE COM	17. FATHER'S NAME (First, Middle, Last) Maximilian Stock					ME (First, Middle, Maiden Sta Kiefer	Sumame)		
면 인	190. INFORMANT'S NAME (Type/Print) Ida E. Stock	1	317 S. A	agle	nd Number or Rural F 4 Sto Ba	House Number, City or Yow Low, Male 2	n, State, Zip Code 1224))	
	20a. METHOD OF DISPOSITION 1 Description 1 D	from State Other (e of disposition of the disposition is the disposition of the disposit			netery Dune	dalk, M	or Town, Stata	
	21, SIGNATURE OF FUNERAL SERVICE LICENSI	. Zele			es S.Zei		Inc. 62	24 estern Ave.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or):								
NO	Sequentially, list constitions 6.								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):								
CERI	resulting in death) LAST								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
CIAN		OSPITAL:	ОТН		ACE OF OEATH (Ch	eck only one)	l		
PHYS	1 YES 2 NO 127. MANNER OF DEATH 1 Natural 5 Pending	Inpatient 2 ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	URY WORK?				D	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)		M 1 YES 2 NO			ural Route Number,		
COMPLETED	(Oribon only)	I: To the best of my knowledge, on the besis of aximination and/o						use(a) and manner as eteted.	
O BE CC	296. SIGNATURE AND TUPLE OF GERTIFIER	n MI	>		29c LICENSE NUI	MBER 849	29d. DATE SIG	aned (Modith, Day, Year)	
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEMENT NAME (FIRE, MASS, LAST) Vandelia C. Shelton Superistry Name (Fire, Mass, Last) Vandelia C. Shelton Superistry Name (Fire, Mass, Last) Vandelia C. Shelton
LESCALL SECURITY NUMBERS 215 16 2936 1 M 2 20 F 17 27 27 27 27 27 27 27 27 27 27 27 27 27
L SOCIAL SCUIRTY NUMBER 215 16 2936 1
21.5 16 2936 Use 20 F 73 YES 12-28-1916 Virginia **RECRITY NAME for Behindler, give steed and number 1.04 W. Edgevale Road Baltimore Secontry or Bear **RESTRIET WE. COUNTY Secontry **Maryland Anne Arundel **NE. STRIET WE. COUNTY Secontry **Maryland Anne Arundel **NE. STRIET WE. COUNTY Secontry **Maryland Anne Arundel **NE. STRIET WE. COUNTY **Maryland Anne Arundel **Maryland Anne A
104 W. Edgevale Road Baltimore Anne Arundel 160. MARGE CITY 170WN OR LOCATION 160. STREET AND NUMBER 160. ZP CODE 150. CITY. TOWN OR LOCATION 160. STREET AND NUMBER 160. ZP CODE 150. CITY. TOWN OR LOCATION 160. STREET AND NUMBER 160. ZP CODE 150. CITY. TOWN OR LOCATION 160. ZP CODE
NESSOURCE OF DECEDENT Maryland Anne Arundel Baltimore 100. CITY, TOWN OR LOCATION Baltimore 100. CITY, TOWN OR LOCATION Baltimore 101. ZP CODE 102. CITIZER OF WHAT COUNTY? 104 W. Edgevale Road 103. MARTIAL STATUS 104 W. Edgevale Road 105. CITY TOWN OR LOCATION 105. STREET AND NUMBER 105. WAS DECEDENT EVER IN U.S. ANABED 107. WAS DECEDENT EVER IN U.S. ANABED 108. OF CODE TOWN OR ANABED 109. CITY TOWN OR LOCATION 109. CITY OR LOCATION 109. CITY OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY OR LOCATION 109. CITY TOWN OR LOCATION 109.
Mary Land Mary
10. STREET AND NUMBER 10. TO A W. Edgevale Road 11. MANTAL SITUS 11. WAS DECEMBENT OF HISRANC CHICATY (Specify Year or No. 14. RACE - American Indian, 15. Sec. 1. Control of Year or No. 15. Sec. 1. Control of Year or No. 16. Sec. 16. Sec. 1. Control of Year or No. 16. Sec. 16. Sec
1. MANTAL STATUS To New Married To New Process To New DECEMBENT SERVICE NUMBER TO NEW PROCESS TO NEW SERVICE NUMBER TO NEW PROCESS TO NEW SERVICE NUMBER TO NEW PROCESS TO NEW
11. MARTHET STATUS 12. WAS DECEMENT EVEN NU.S. ANAMED 12. WAS DECEMENT OF HISTORY OF WAS ON NO 14. MEAN DECEMENT OF HISTORY WAS ON NO 15. WAS DECEMENT OF HISTORY WAS ON NO 16. MERCE - American Indian, 18. White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of 1 YES 2 (M NO Specify: White 16. Mean of the process of the proce
Wildows 4 Chorered If YES, GIVE WAR OR DATES 1 YES 2 QT NO Specify:
15. DECEDENT'S BUILANTON 15. DECEDENT'S USUAL OCCUPATION (Now hard of working) 16. NIND OF BUSINESS/INDUSTRY
Behinstary Secondary (0-12) College (1-4 or 3-4) Secretary Secretary Department Store
15. MOTHER'S NAME (First, Middle, Malden Sumanne) 16. MOTHER'S NAME (First, Middle, Malden Sumanne) 17. Mother's Nam
Albert Herring Catherine Rodgers
198. MAILING ADDRESS (Street and Number or Furnil Route Number, City or Rown, State, Zip Code) 104 W. Edgevale Road Baltimore, Maryland 21225 104 W. Edgevale Road Baltimore, Maryland 21225 104 W. Edgevale Road Baltimore, Maryland 21225 105 W. Edgevale Road Baltimore, Maryland 21225 106 W. Edgevale Road Baltimore, Maryland 21225 106 W. Edgevale Road Baltimore, Maryland 21225 107 W. Edgevale Road Baltimore, Maryland 21225 108 W. Ed
Jesse Shelton 104 W. Edgevale Road Baltimore, Maryland 21225 205. METHOD OF DISPOSITION 104 W. Edgevale Road Baltimore, Maryland 21225 205. PLACE OF DISPOSITION (Name of commeter), cramatory or Other (pictor) 105 Cedar Hill Cemetery Baltimore, Maryland 206. PLACE OF DISPOSITION (Name of commeter), cramatory or Other (pictor) 106 Cedar Hill Cemetery Baltimore, Maryland 207. LOCATION — City or Town, State Baltimore, Maryland 208. PLACE OF DISPOSITION (Name of commeter), cramatory or Other (pictor) 106 Cedar Hill Cemetery Baltimore, Maryland 208. PLACE OF DISPOSITION (Name of commeter), cramatory or Other (pictor) 107 Cedar Hill Cemetery Baltimore, Maryland 208. PLACE OF DISPOSITION (Name of commeter), cramatory or Other (Specify) 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. LOCATION — City or Town, State Baltimore, Maryland 209. Location — City or Town, State Baltimore, Maryland 209. Location — City or Town, State Baltimore, Maryland 209. Location — City or Town, State Baltimore, Maryland 209. Location — City or Town, State Baltimore
20b. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20c
Second Constitution Constituti
22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwv. Baltimore. Md. 21225 23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Death Approximate Interval Between Onset and Death Boulding to Immediate Cause. Enter UNDERLYING CAUSE (Pisease or Injury that Initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):
23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or reapiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): d. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 TO TO COMPLETON OF CAUSE OF DEATH (Check only one) EXAMINER? 1 PART II. Other/significant conditions 25. PLACE OF DEATH (Check only one) EXAMINER? 1 PART II. Other Specify)
23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Authorized Cause Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other/algnificant/conditions contributing to death but-not reaulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 TWO THER: 1 Inpatient 2 ER/Outpetient 3 DOA Hoursing Home 5 Terrificance 6 Other (Specify)
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other-significant-conditions contributing to death but-not reaulting in the underlying cause given in Part I. PART II. Other-significant-conditions contributing to death but-not reaulting in the underlying cause given in Part I. PART II. Other-significant-conditions contributing to death but-not reaulting in the underlying cause given in Part I. PART II. Other-significant-conditions contributing to death but-not reaulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 TWO 24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) EXAMINER? 1 Tyes 2 TWO
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other/significant/conditions contributing to death but not reaulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one)
If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/algnifisent/conditions contributi
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauliting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other/signifigent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other/signifigent/conditions contributing to death but not reaulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Notificence 6 Other (Specify)
that initiated events reaulting in death) LAST d. PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Nortificance 6 Other (Specify)
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PERFORMED? 1 YES 2 TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO NO 26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 TO MEDICAL 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 TO THER:
PERFORMED? 1 YES 2 TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO NO 26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 TO MEDICAL 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 TO THER:
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO SPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 North Research (Specify)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Nursing Ho
EXAMINER? 1 YES 1 OTHER: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Traffdence 6 Other (Specify)
1 YES 1 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Nesidence 6 Other (Specify)
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO
2 Accident Investigation 3 Suicide 6 Could not be building stc. (Specify) 28s. PLACE OF INJURY — At home, farm, etreet, factory, office 28s. LOCATION (Street and Number or Rural Route Number, Characteristics) 28s. PLACE OF INJURY — At home, farm, etreet, factory, office 28s. LOCATION (Street and Number or Rural Route Number, Characteristics)
4 Homicide determined building, etc. (Specify)
29e. CERTIFIER (Check only Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred et the time, data end place, and due to the cause(s) and manner se stated.
one) 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, date end pleca, end due to the ceuse(s) and manner as stated.
296. LICENSE NUMBER 29d. DATE SIGNED (Allower)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) MODILLON SSON BROWN WAY BALTIMORE MO 2120
31. DATE FILED (Month, Day, Year) 42. REGISTRAR'S SIGNATURE

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DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1 - STATE OF MAR REGISTRAR					EALTH AND M DEATH	_	YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) OLIVER L SLAUGHT	ER SR.					2. DATE OF E	C DAY	25	OZO	3. TIME OF DEATH
PLETED BY FUNERAL DIMEGRAPH	4. SOCIAL SECURITY NUMBER 5. SEX 8. A $217-03-9060$ 1 5 Cm $_2$ $_2$ $_4$	GE (In yrs. las		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF B (Month, Day		03	8. BIRTHE Country	LACE (State or Foreign, EASTELN SHOW MALLLAND
	98. FACILITY NAME (If not institution, give street and number) UNION MEMORIAL HOSPITAL		9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, CITY				NTY OF DE	ATH 7			
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY M:1,				imor					П	10d. INSIDE CITY LIMITS? 1 ☐¥YES 2 ☐ ND
	100. STREET AND NUMBER 3733 Elmora Ave.	101. ZIP CODE 21213				10g. CITIZEN OF WHAT COUNTRY? USA					
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR STATES	YES 2.L.	2 NO If yes, specify Cuban, Mexican, i			, Puarto Ricar		or No-	Black, Specify	- American Indian, White, etc.	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) Collage (1-4 or 5+)	(G.	CEDENT'S live kind of w Do NOT us Retil	rork done e retired.)	CCUPATIO during mos	N It of working	Au	to N		anic	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Tillman Slaughter					18. MOTHER'S NAM	Annie			er	
10 10	19a. INFORMANT'S NAME (Type/Print) Dr. H.D. Slaughter	191	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co 44 Wyndmoor Pl. Balto. Md. 21201								
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Quiter,(Specify)	other pl	PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Woodlawn Mem. Park							City or Tov	vn, Stata
	21. BIGHATURE OF FUNERAL SERVICE LICENSEE			22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home 1300 Eutaw Pl. Balto, Md. 2			-	-			
	23. PART I. Enter the diseases, or complications that completely on heart failure. List only one cause IMMEDIATE CAUSE (Finel				=						Approximate Interval Between Onset and Death
	disease or condition a. CEFEBRO	AS A CONSE			1 DE1	55					I WEEK

Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST

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	DBSTRUCTION CHERROF			Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Chec	ck only one)	
EXAMINER? 1 YES 2 NO	HOSPITAL:	DOA 4 N	ER: ursing Home 5 - Residence 6	Other (Specify)	
27. MANNER OF DEATH	28a. DATE DF INJURY (Month, Day, Year)	26b. TIME DF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	RED

(Month, Disy, Town,

NA

28a. PLACE DF INJURY — At homa, farm, street, factory, offica building, atc. (Specify) 1 Natural
2 Accident
3 Suicide NA M 1 YES 2 NO 4 Homicide

DUE TO (DR AS A CONSEQUENCE OF):

NA 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

(Check only	1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time data and place, and due to the course of the time data and place, and due to the course of the time data and place, and due to the course of the time data and place.

29d. DATE SIGNED (Month, Day, Year)

6/25/90 29c. LICENSE NUMBER

EDB. SIGNATURE AND TITLE OF CERTIFIER WITH JUNEAU HD	_
0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Т
MARK HENDRIX MD UNION LIFMARIAL HOSS	G

Julia Jan thorne 31. DATE FILED (MONTH, DAY

24b. WERE AUTOPSY FINDINGS

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BY

BE COMPLETED

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Page 6	directo		ner mu	
death.	e funera	-i	exami	
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law requ	Is been	ept. of	23 sho	
N: The	ficate ha	State D	item .	
HYSICIA	his certi	with the	ked, or	
VOING P	: After t	death ,	is mar	
R ATTEN	RECTOR	urs after	1m 28	l
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
HE HOS	HE FUNE	led within	ORTAN	
10	TOT	De fil	MP	ŀ

	1 - SIMIE					MENTAL HYGIE		7000
		GEORGE 6. AGE (In yrs. last	birthday) IF U	NADER		REG. N 2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Year)	DAY Y	3. TIME OF DEATH
TOR	217-18-9221 9a. FACILITY NAME (If not institution, give street and number) St. Joseph Hospital RESIDENCE OF DECEDENT	66	9b. CITY, TOWN OR LOCATION OF DEATH			3-31-	9c. COUNT	aryland or of Death timor e
DIRECTOR	Maryland Baltimore		Cocke	ysvill	е			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e.STREET AND NUMBER 21 Montvieu Ct.		10f. ZIP CODE 21030			U.	U.S.A.	
ΒX	11. MARITAL STATUS 1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced 12. WAS DECEDEN. FORCES? 12. IF YES, GIVE W. W.W.	YES 2 N	MED O	If yes, spe		IC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No— 14	I. RACE — American Indian, Black, Whita, atc. Specity: White
COMPLETED	(Specify only highest grade completed) (Give kii Flementary/Secondary (B-12) College (1-4 or 5 +)			Give kind of work done during most of working a. Do NOT use retired.)			rge L.Schnader, Jr.,Ind	
BE COM	17. FATHER'S NAME (First, Middle, Last) George L. Schnader, Sr.					ME (First, Middle, Maid Koehler	en Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) Mary Louise Schnader		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 21 Montvieu Ct., Cockeysville, N					
	III 1 N Buriel 2 Cremation 3 Removel from State Other pic			LACE OF DISPOSITION (Name of cometery, cremetory or her place) Laney Valley Mem. Gdns.7/3/90 Timonium, Md				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ** Utillace S. Bu	4 .	Ruck		Funeral 1	-	nc. Md. 21204	
	23. PART I. Enter the disesses, or complications that shock, or heart failure. List only one ceu IMMEDIATE CAUSE (Final disesse or condition resulting in death)	se on each line	atar	nter the mo	C 0.			Onset and De
ATION	sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST C. OUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL (PART II. Other significant conditione contributing to	desth but not r	esulting in th	e underlyln	ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF GEATH?
AN: M	OF MAN CASE DEPENDED TO MEDICAL							1 YES 2 NO
YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input light 2		□ DOA 4 □	HER: Nuraing Hon		8 - Other (Specify)		
H	27. MANNER OF DEATH 28s. DATE OF (Month, D.	INJURY sy, Year)	28b. TIME OF INJURY	28c. INJ WC	URY AT RK?	28d. DEŞCRIBE HO	W INJURY OCCU	IRED

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Homs 8 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, tectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide

29s. CERTIFIE	orieck only	1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
one)		2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner a

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)

37250 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOSE 5

BALTIMORE, MARVLAND 21203-3146

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
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31, OATE FILED (Month, Day, Year)
JUL 0 3 1990

	1 - STATE REGISTRAR	STATE OF MA			MENT OF H			HYGIENI REG. NO.	Ē			
1	DECEDENT'S NAME (First, Middle, Last)		*	- 8	JAIL OI	DEATH	2. DATE OF	DEATH	-	3.	TIME OF DEATH	
	EMILY	CECEL	IA		SMITH	JUNE 30 1990 .			CEAR .	6:55 P. M		
	4. SOCIAL SECURITY NUMBER 5.	5. SEX 6. AGE (In yrs. last birthday)			IF UNDER 1 YEAR	7. OATE OF (Month, D			BIRTHPL	ACE (State or Foreign		
	215-12-3713	□ M 2 💢F	78	YRS.	ONTHS DAYS	HOURS MIN.	Sept.		11	Country) Mary	land	
	9e. FACILITY NAME (If not institution, give atreet	and number)	70	1	b. CITY, TOWN C	R LOCATION OF DE				UNTY OF DEATH		
OR	St. Agnes Hospital Baltimore City Baltimore Cit									City		
[[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CITY.	TOWN OR LOCAT	ION				10	d. INSIDE CITY	
DIRECTOR		Arundel	Glen Burnie								LIMITS?	
ابا	100. STREET AND NUMBER	Ardider	10f. ZIP CODE						10a. CITIZE		T COUNTRY?	
FUNERAL	109 Vista Ave. (Ferndale) 21061 USA											
Š		. WAS DECEDENT E				ENDENT OF HISPAN					American Indien, /hite, stc.	
	1 Never Merried 2 Merried	FORCES? 1				2 X NO Specifi		an, etc.)		Specify:		
ВУ	3 X Wildowed 4 Divorced										White	
JE	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION mpleted)	(Give	EDENT'S U: kind of wo to NOT use	SUAL OCCUPATION rk done during mo	ON st of working	16b. KI	IND OF BUS	INESS/INDU	STRY		
当		College (1-4 or 5+)						6 D		0		
¥	12th No	one	Stock	k Cle	rk, Mea	t Dept.				Stor	e	
BE COMPLETED		-						_	110000	1		
	Wilhelm Paul Vos:	S	19h	MAILING A	DDRESS (Street a	Anna and Number or Rural	Marie		gswel			
2	Frank J. Rosenbe	raar				ive., (Fe				7.	1061	
	20e. METHOD OF DISPOSITION		20b. PLACE OF	F DISPOSIT		netery, crematory or	ELIIGAL		CATION — CI			
	1 X Buriel 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	I ☑ Burlei 2 ☐ Cremetion 3 ☐ Removal from State other place				on Park Cemetery			Baltimore City,			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1 200001	- Luz	22. NAME AND ADDRESS OF FACILITY				timore orey, 11-			
	18 Henry 8	3/.1:				ETON FUN						
	1 SECOND AVE. S.W., GLEN BURNIE, MD. 210 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errect, Approximate									MD. 21061 Approximate		
	shock, or heert fellure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)											
	reculting in deeth) a. SCACULAGE FULLULAGE DUE TO JOR AS A CONSEQUENCE OF:											
_	- .	CA OZ										
힏	Sequentially list conditiona, if any, laeding to immediate	DUE TO (O	R AS A CONSEQU	IENCE OF								
S	cause. Enter UNDERLYING CAUSE (Diseese or injury											
Ē	that initiated avents	DUE TO (O	R AS A CONSEOU	JENCE OF								
CERTIFICATION	reaulting in deeth) LAST											
	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
CAL	the suit	PERFORMED? AMAILABLE PRIOR TO									OMPLETION OF CAUSE	
	77.772							1 TYES 2 KNO			OF DEATH?	
Σ.	CA Breast											
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C)	eck only one)					
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
РНҮ	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY Year)	28b. TIME INJU		JURY AT	28d. DESCF	RIBE HOW I	NJURY OCCL	RED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	1 Natural 5 Pending				YES 2 NO						
3 Suicide 8 Could not be suitiding, etc. (Specify)								81. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	4 Homicide determined											
OMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of m	y knowledge, deal	th occurred	at the time, date	end piece, end due	to the ceuse	e(e) end mer	ner ee stated	1.		
0	one) 2 MEDICAL EXAMINER:	On the beele of exar	mination end/or in	vestigation	, in my opinion, o	death occured at the	time, date ar	nd plece, en	d due to the	ceuse(e) e	nd manner ee steted.	
U U	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER		29d. DATE	ATE SIGNED (Month Day, Year)		
0 8	Wayed mi	D							1 4	130	190	
=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, I	Print)				0	· 7	ST. AGNES	

DHMH-16 Rev 1/89

be notified at once.

BALTIMORE, MARYLAND 21203-3146

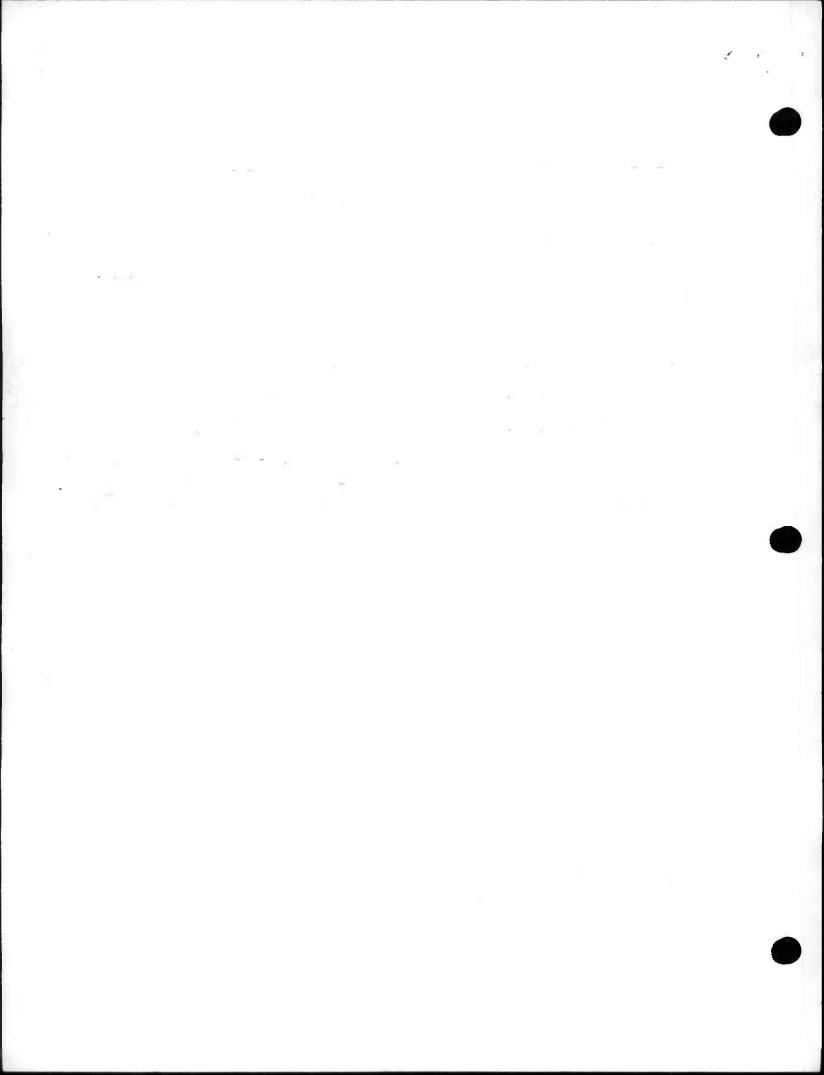
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ITEMSP23,27 per ME G-665 7-26-90 cm 90 18087

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	RI	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DAY DAY	WEAR	3. TIME OF DEATH			
- 1	Alt	fred	Santano	MONTH 6-27-90 DAY YE		YEAR	11:02AM M					
			AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			BIRTHPLACE (State or Foreign			
	215 ≈ 02 ≈ 6073 15 M 2 □ F 12 YRS. MONTHS DAYS HOURS MIN. (Month, Day & Hours Min.)							1 1/1/17/17/17/19				
- 1	9a. FACILITY NAME (If not institution, give street				R LOCATION OF DE		9c. COL	INTY OF	DEATH			
DIRECTOR	Francis Scott Key Medical Center Baltimore City											
5	RESIDENCE OF DECEDENT											
ᇎᅵ			10c. CITY,						10d. INSIDE CITY LIMITS?			
		LTIMORE		DUNDALK					1 TYES 2 NO			
A	10a. STREET AND NUMBER			101	ZIP CODE		10g. CI1	IZEN OF	WHAT COUNTRY?			
ᇤᅵ	7083 BELCLARE ROA	D			21222			и.	S.A.			
5		2. WAS DECEDENT ET	VER IN U.S. ARMED					E — American Indian,				
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TES	elfy Cuban, Maxica NO Specify	r, Puerto Hicen	Specify: WH					
COMPLETED	15, DECEDENT'S EDUCAT	TION	18a. DECEDENT'S L	SUAL OCCUPATION	N	18b. KIN	D OF BUSINESS/IN	DUSTRY				
	(Specify only highest grade co	College (1-4 or 5+)	ille. Do NOT use	ork done during mo retired.)	st of working							
김	N/A	N/A	DE	PENDANT	/ DISABL	ED						
∑	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	e, Malden Surname)					
	ALFRED SANTANOCETA	A. JR.			SHARON .	SCHMID	Т					
BE	19a. INFORMANT'S NAME (Type/Print)	,	19b. MAILING	ADDRESS (Street a	nd Number or Rural F			in Code)				
2	ALFRED SANTANOCETA	A. JR.			ROAD				D 21222			
	20g, METHOD OF DISPOSITION	.,	20b. PLACE OF DISPOSI	TION (Name of car	selery cremetory or	OKET IM	20c. LOCATION -					
15	1 🕅 Burial 2 🗆 Cremation 3 🗆 Remove	el from State	SACRED HT	OF TES	IS CEM	6-30-0	n BAIT	TUND	E MADVIAND			
	1 X Burlel 2 Cremellon 3 Removel from State 4 Donellon 5 Other (Specify) SACRED HT. OF JESUS CEM. 6~30~90 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
To the second	22. NAME AND ADDRESS OF FACILITY DUDA RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK. MD 21222											
	23. PART i. Entar the disesses, or co								Approximate			
	shock, or heart failure. Li	at only one cause	on eech line.						Onset and Death			
	disease or condition CEDEDONAL DATON LINEAR DICODDED											
	e. CEBEBRAL PALSY WITH SEIZURE DISORDER DUE TO (OR AS A CONSECUENCE OF):											
ا ہ	and to forther and annual of p											
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
Ä	of eny, laeding to immediate course. Enter UNDERLYING											
F	CAUSE (Disease or injury that initieted events	DUE TO (OF	AS A CONSEQUENCE OF):								
E	resulting in death) LAST											
CE												
AL	PART ii. Other eignificent conditions	contributing to de	ath but not reaulting l	the UnderlyIn	g cause given in	Part i. 24	PERFORMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
SC						XXXES 2 I NO			COMPLETION OF CAUSE OF DEATH?			
JE I									XXX YES 2 NO			
-												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26, PI	ACE OF DEATH (Ch	eck only one)						
Sic	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	e 8 🗆 Residence	# Char /Sr	and the					
4	27. MANNER OF DEATH	28a. DATE OF IN-					BE HOW INJURY O	CCURED				
	1XX Natural 5 Pending	(Month, Day,	Year) INJ	JRY WO	RK?							
В	2 Accident Investigation	28e PLACE OF II	NJURY — Al home, ferm, s			28f. LOCATION (Street and Number or Rural Route Number,						
ED	3 Suicide 8 Could not be 4 Homicide determined	building, ato	(Specify)	neet, rectory, orne		City or To	own, State)	or or more	rrode Humber,			
E.												
COMPLETED	(Check only	29a. CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 3 CERTIFIER (Check only one) 4 CERTIFIER (Check only one) 5 CERTIFIER (Check only one) 6 CERTIFIER (Check only one) 7 CERTIFIER (Check only one) 8 CERTIFIER (Check only one) 9 CERTIFIER (Check only one) 9 CERTIFIER (Check only one) 9 CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 2 CERTIFIER (Check only one) 3 CERTIFIER (Check only one) 4 CERTIFIER (Check only one) 4 CERTIFIER (Check only one) 5 CERTIFIER (Check only one) 5 CERTIFIER (Check only one) 5 CERTIFIER (Check only one) 5 CERTIFIER (Check only one) 5 CERTIFIER (Check only one) 5 CERTIFIER (Check one) 5 CERTIFIER (Check one) 6 CERTIFIER (Check one) 6 CERTIFIER (Check one) 7 C										
Ö	22 MEDICAL EXAMINER	On the basis of exam	ninatron and/or investigation	i, in my opinion, o	eath occured at the	time, data and	place, and due to	the cause	(a) and menner as stated.			
BE (296. SIGNATURE AND TITLE OF CERHIFIER	() II	() .	1	29c. LICENSE NUI	MBER	29d. DATE SIGNED (Month, Day, Year,					
	weur ! .	Ball	A M	1	OCME			▶ 6-28-90				
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (FEM 27) (7)(04)	Printi		_						
	Mario F. Golle, 3	Jr.,MD	V	111 P	enn Stree	et,Bal	timore.M	D 21	.201 vc			
- 0	31. DATE FILED (Month, Day, Year)		signature			,	,					
	JIII n 3 100n											



1 -

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

213 03 1376

James

M 2 DF

5. SEX

rancis

76

6. AGE (In yrs. last birthday)

BALTIMORE, MARY DAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

sho		Se. PACIEIT I NAME (" NOT "	amunon, give a	ueet and number)		30.0	111, 101111	On LOCATION OF DE	nin .	30.000			
2.3	СТОВ	Franklin Sq. Hospital				1	Rossville				Baltimore County		
<i>≓</i>	<u></u> [RESIDENCE OF DECEDENT				c. CITY. TOW	CITY, TOWN OR LOCATION 10					d. INSIDE CITY	
physician. burial-transit permit. Pages	DIRE	Maryland	Balt	timore		Ess						LIMITS?	
ermit	AL	10e. STREET AND NUMBER					10	of. ZIP CODE		10g. CITI	ZEN OF WHA	T COUNTRY?	
nsit p	EB.	2508 Isla	nd Vie	w Rd.				21221			USA		
/slciar nial-tra	FUNER	11. MARITAL STATUS		12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		13. WAS DE	CENDENT OF HISPAN pecify Cuben, Mexican	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	e or No—	14. RACE — Black, W	American Indian, Thite, etc.	
or attending physician. r use as the burial-trar	B⊀	1 Never Merried 2 3 Widowed 4 Dive		IF YES, GIVE WAR OR D				S 2 NO Specify			Specify:	White	
r after	밀		EDENT'S EDU y highest grade		16a. DECEDI (Give ki	ENT'S USUA ind of work do NOT use retire	ne during m	TION nost of working	16b, KIND OF BU	SINESS/IND	USTRY		
Apital o	APLET	Elementary/Secondary (6	1-12)	College (1-4 or 5+)	me. 50 7	_	todis	ın	Seh	col			
	E COMPL	17. FATHER'S NAME (First, A. José	oph Sk	arda				18. MOTHER'S NAI	ME (First, Middle, Maide Hanzlik	Sumeme)			
8	TO B	190. INFORMANT'S NAME (da, Wife					oute Number, City or To			91 W.C	
rs after death. Page 6 may not be the funeral director, per removal.		20e. METHOD OF DISPOSIT	ION on 3 🗆 Rem	200				emetery, crematory or norial Gar	dens Ba	cation —	city or Town.	State Md.	
al dire		21 BIGNATURE OF FUNERA		CENSEE	- /	-	22. NAME /	AND ADDRESS OF EACH	ineral Hon	va PÅ	•		
death. Pag e funeral di l. examiner		· Mnu	Z	Muffel 3	re he			Eastern I			Md. 2	1221	
executed within 24 hours after death. Page 6 may and completely filled in by the funeral difector, pat to burial, cremation, or removal. matic event, the medical examiner must it			eart failure.	eDUE TO (OR AS	sech lina.	uti		- 22	as cardiec or real			Approximate Interval Betwo	
n certificate be nding physiciar Hygiene prior or other trau	CERTIFICATION	Sequentially list conditions any, leading to imme cause. Entar UNDERLY CAUSE (Disease or injuit that initisted events resulting in death) LAS	diate ING Iry	DUE TO (OR AS A	1		8000						
at the death by the atte and Mental y injury,		PART II. Other eignific	ent condition	ns contributing to death i	but not resu	iting in the	underlyi	ng cause given in		N AUTOPSY	A	ERE AUTOPSY FIND MILABLE PRIOR TO	
w requires that been signed to pt. of Health a shows any	MEDICAL								1 _ YES	2 NO	0	OMPLETION OF CAU F DEATH?	
has be Dept.	ä	25. WAS CASE REFERRED T	O MEDICAL					DI AGE OF BEATU (C)					
V: The icate h State	S	EXAMINER?	O MEDICAL	HOSPITAL:	andless B 🗆 I		IER:	PLACE OF DEATH (Ch					
SICIAN: The certificate the State I, or Iten	PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF INJURY		b. TIME OF	28c. II	vijury AT	28d. DESCRIBE HOW	INJURY OC	CURED		
r this ce h with th			Pending Investigation	(Month, Day, Year)		INJURY		YORK? YES 2 NO					
TO THE HOSPITAL OR ATTENDING PA TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: It item 28 is mark	ED BY	2 Accident 3 Suicide 8	Could not be determined	28e. PLACE OF INJUR building, stc. (Spe		ferm, atreet,	factory, off	lice	26f. LOCATION (Street City or Town, State		r or Rural Rou	te Number,	
OR AT DIRECT OURS a	틷	29a. CERTIFIER	ruestino pure	SICIAN: To the best of my know	udadaa daadh	and a second	ha Nesa da	to and place and due	to the saure(s) and =		tod		
RAL C	COMPL	Criscia orny	1	ER: On the basis of examination								nd manner ee stat	
FUNE Within	ပ	29b. SIGNATURE AND TITL	OF CERTIFIE					29c. LICENSE NUM	IBER	29d, DAT	E SIGNED (M	fonth, Day, Year)	
APO THE	H	1		12/	-			17-16	1221	•	1.2	. 180.	
= = =	임			HO COMPLETED CAUSE OF D						-			
			rozvi,	M.D. 223 E	astern	Blvd	. Ba	alto., 21	221				
		31. DATE FILED (Month, Day	in qu	La Division Par	NATURE								
		JUL 03 135	1										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SKARDA

MONTHS

Sr.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

MIN.

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

2. DATE OF DEATH

July 1, 1990

Julye 09. 1914

3. TIME OF DEATH

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

to the cause(s) and manner ee stated.

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

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DHMH-16 Rev 1/89

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THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death, Page	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and completely filled in by the tuneral directions and the filled in the fill
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		FOR STATE OF MARYL REGISTRAR		TMENT OF HEALTH AND CATE OF DEATH	D MENTAL HYGIEN REG. NO.				
	i	1. DECEDENT'S NAME (First, Middle, Last) Mellie Pearl Shepp			2. DATE OF GEATH MONTH 29	3. TIME OF DEATH			
P		220 03 4796 1 M 2 Jak 7	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	Aug. 7. 19				
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street and number) 6 Honeysuckle Lane RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF	F OEATH	9c. COUNTY OF DEATH Baltimore			
priysician. burlal-transit permit. Pages 1, 2,	DIRECTOR	10a. STATE 10b. COUNTY Baltimore	10c CIT	town or Location		10d, INSIDE CITY LIMITS? 1 YES 2 NO			
ısit permit	FUNERAL	10e. STREET AND NUMBER 6 Honeysuckle Lane		10f. ZIP CODE 2122	1	10g. CITIZEN OF WHAT COUNTRY?			
ding physician. s the burial-trar	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I		13. WAS DECENDENT OF HIS if yes, specify Cuban, Me 1 YES 2 Sc	xican, Puerto Rican, atc.)	a or No— 14. RACE — American Indian, Black, White, atc.			
	MERO	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary Secondary (0-12) College (1-4 or 5+)		USUAL OCCUPATION work dane during most of working e retired.) SOWIFE	16b. KIND OF BUS	SINESS/INDUSTRY			
11	BE 60M	17. FATHER'S NAME (First, Middle, Last) Charles Anderson		18. MOTHER'S	NAME (First, Middle, Malden	Surname)			
be retained be 5 should be notified	0	19s. Informant's name (TypesPrint) Joseph Lamartina Jr.		ADDRESS (Street and Number or Re		m, State, Zip Code) Maryland 21220			
e 6 may be rector, page must be		Burial 2 Cremation 3 Removal from State	other place) stern Ce	SITION (Name of cemelery, crematory metery		cation — City or Town, State timore City, Md.			
death. Page 6 m funeral director, examiner musi		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Baltimore, Md. 21221							
ned within 24 hours after death. Page 6 may be refained the completely filled in by the funeral director, page 5 should lat, cremation, or removal.		23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on iMMEDIATE CAUSE (Finsi disease or condition resulting in death) DUE TO (OR AS	each line.	not anter the mode of dying, where a curl p:		Interval Between			
n certincate be execu- ending physician and Hygiene prior to bur or other traumation	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.							
w requires that the deat been signed by the atte or. of Health and Mental shows any injury,	MEDICAL	PART II. Other significant conditions contributing to death Hepatomegaly, orcites soundies.			n in Part I. 24a. WAS AN PERFOI	RMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
IN: The law ficate has t State Dept t tem 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Ou	rtpatient 3 🗆 DOA	26. PLACE OF OEATH OTHER: 4 Nursing Home 5 Reside					
NG PHYSICIA fter this certif eath with the marked, or	ву рну	27. MANNER OF DEATH 1 Tetural 5 Pending (Month, Dey, Year) 2 Accident Investigation		BE OF 28C. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURED			
ATTENDING ECTOR: After s after dea	8	3 Suicide 8 Could not be determined 28e. PLACE OF INJUR building, etc. (So	RY — At home, farm, secify)	street, fectory, office	28f. LOCATION (Street City or Town, State	and Number or Rural Route Number,)			
HOSPITAL OR A FUNERAL DIREC within 72 hours TTANT: If item	COMPLET	29a. CERTIFIER (Check only 1 ERTIFYING PHYSICIAN: To the best of my known of the basis of examinet							
TO THE HOSPIT TO THE FUNERA be filed within 7	H	296. SIGNASORY END TICLE OF CERTIFIER	>ATTEN	AND HAMED S	3063/	29d. DATE SIGNED (Mogth, Day, Year)			
	TO.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH AND CELS NO SC. P. 31. DATE FILED (Month, Day, (par)		Fint) Octo FA	REDERICAL	PD BALTO 21229			
		JUL 03 1990 gua punta	roasse.						

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. OECEOENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH MONTH 3. TIME OF DEATH YEAR 58 A JUĻY 1990 STERLING SMITH Ray 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (STO 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 🗆 F YRS. Feb. 1913 218-07-3747 Maryland 90. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSP. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NAH-301 Hospital Gien Burnie Dr.Glen Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 YES 2 NO Anne Arundel Glen Burnie 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 8059 Winding Wood Road, Apt.2 21061 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxicen, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TYES 2X NO Specify: Specify: BY 3 Widowed 4 Divorced White 1933-1937 COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OFCEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Spe city only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th 2 years Boiler Engineer B.G.&E. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Smith Carrie Schwargart BE 19e. INFORMANT'S NAME (Type/Print) 18b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Genevieve A. Smith Same as 20e. METHOD OF DISPOSITION
1 X Buriel 2 Cremettion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Kriders Lutheran Cemetery Westminster, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22, NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME oras SECOND AVE. S.W., GLEN BURNIE, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition hrone recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF): 2-26-UNSCO CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not requiting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF OEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: HUSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 1 YES 20 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 3 DOA 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d OFSCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 ☐ YES 2 ☐ NO ВУ 2 Accident 26s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 🛄 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) end menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNEO (Month, Day, Year)

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Doctor Glenn Robbins M.D 1600 Crain Hwy SW Glan 31. DATE FILEO (Month, Day, Year)
JUL 0 3 1990 Ju Julia Davidson-Mandal

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 mm the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be ned within 72 hours ared dean with the state begin of headly and methal hyperic pilot to butta, or butta, or other traumable event, the medical examiner must be IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumable event, the medical examiner must be
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31. DATE FILED (Month, Day, 1847)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	FOR STATE REGISTRAR	STATE OF M		/ DEPAR						G. NO	E				
1	1. OECEDENT'S NAME (First, Middle, Last)			15.76	ET. 500				2. DATE OF O	EATH DA	-	YEAR	3. TIME OF OEAT	Ή	
Į.	ESTINA MARY	CATAVE	IU S	STACK					JUNE	27	19	90	11:25	Þм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day)	ATE OF BIRTH Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)					
- 4	213-30-2695	1 M 2 X F	57	YRS.	MONTHS C		noons		Feb.		.933	Má	aryland		
1	9e. FACILITY NAME (If not Institution, give	street and number)			96. CITY, TO	оми о	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF	DEATH		
8	North Arundel Ho	spital			Glen	Bu	rnie				Ann	e A	rundel		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			140.00	Y, TOWN OR										
2							ION						10d. INSIDE CITY		
	Maryland Anne	Arundel		L	inthic	-							1 - YES 2 X	NO	
FUNERAL						101.	ZIP CODE				10g. CITI	ZEN OF	WHAT COUNTRY?		
9	102 Juniper Circ				21090 USA										
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEOEN' FORCES? 1							IC ORIGIN? (Sp n, Puerto Ricen,		or No-	14. RAC	CE — American Indi ck, Whita, atc.	en,	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 [YES	2 🔀 NO	Specify	:		- 1	Spe	White		
0	15. DECEDENT'S EDU	ICATION	Late	DECEDENT'S	I IIIIIAL OCC	HIDATIO	M		185 VIN	OE BUI	I SINESS/IND	HETEV	wnite		
ETED	(Specify only highest grade	e completed)		(Give kind of life. Do NOT u	work done dur	ring mo	st of workin	g	TOLK POINT	01 800	JII1E 3 3 / JI 12	OJ INI			
de.	Elementary/Secondary (0-12) 12th	6 years		Teache	r				ДАД	Co	Pul	hlic	Schools		
	17. FATHER'S NAME (First, Middle, Last)	O years		reaciie			18, MOTH	IER'S NAI	ME (First, Middle			0110	Delloof		
鞷	Pete		Cat	aveiu			Jose				·	uqle	2		
48	19a. IHFORMANT'S NAME (Type/Print)		1		ADDRESS (Street a			Route Number, C	ity or Town					
2	Thomas F. Stack	ζ		Same	as 1	Ω									
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITIO						netery, crem	natory or		20c. LO	CATION —	City or 1	Town, Stata		
	1 X Burlai 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State		idon P	ark Ce	ame.	terv		l	Bal	timo	~ A	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	,	14011 1		_	D ADDRES		CILITY	202	CIMOI		nar y ranc		
	198 M	c/	//		1			_ +	ERAL HO						
\dashv	12.7 Yeary	- Hay	ens	e e e e e e e e e e e e									, MD 210		
	23. PART I. Enter the diseases, or ahock, or heart failure.	List only one cau	se on sech	line.	not enter tr	ne mo	de of dyl	ing, auci	h as cardiac	or respi	ratory an	reat,	Approxim	etween	
	IMMEDIATE CAUSE (Finel disease or condition	-·· -								/			Onset an		
	resulting in death)	a. SHOT	C 010	WOU	NO	CC	1	300	SMGA				SECO	くつと	
-3		DEPI	CSC	LOA	/F):								ì		
ERTIFICATION	Sequentially list conditions,		(OR AS A CON		OF):				-				1		
F	If any, leeding to immediate cause. Enter UNDERLYING														
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CON	SEQUENCE C	OF):								+		
E	resulting in death) LAST														
씽										20000				00100-001	
Y	PART II. Other algnificant condition	ns contributing to	death but n	ot reaulting	In the und	erlying	g cause (given in	Part I. 24a	PERFOR	AUTOPSY	. 24	Ib. WERE AUTOPSY I AVAILABLE PRIOF	TO	
음									_ 10	YES 2	NO		OF DEATH?	CAUSE	
MEDICAL													1 🗌 YES 2 📋	NO	
ž															
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		LACE OF D	EATH (Ch	eck only one)						
PHYSICIAN:	1 PES 2 NO	1 Inpatient 2			4 - Nursir	ng Hom		sidence	8 Other (Sp						
표	27. MAHNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	ey, Year)		JURY M	WC	URY AT	1	28d, DESCRIE						
À	2 Accident Investigation	280, PLACE 0	-1-70			1 🔲		NO	2		1 WC		-	30	
G	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	BE0	•		-			wn, State)		or Mura	il Floute Number,		
E	29a. CERTIFIER	HON				`			92						
COMPLET	(Check only	SICIAN: To the best of											(a) and means	eteted.	
8	2 MEDICAL EXAMIN		· ·	and meaninger	III my opi	anon, c				piace, ar					
BE	296. SIGNATURE AND TITLE OF CENTIFIE		m	1		6	h	ENSE NUN			29d. DA1	E SIGNE	EO (Month, Day, Year		

ASKENTON RUSV PIC

29c. LICENSE NUMBER 3 3 75

29d. DATE SIGNEO (Month, Day, Year)

6-27-90

notified at once.

MARYLAND 21203-3146

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burfal, cremation, or remova	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical

BY PHY

BE COMPLETED

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27. MANNER OF DEATH

5 Pending Investigation

8 Could not be determined

29b. SIGNATURE AND TITLE OF CERTIFIER Dilcken, On. D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

The Jan 18 PEGISTAN AURE

1 Nigural
2 Accident
3 Suicide

4 Homicide

William

	FOR STATE REGISTRAR	STATE OF M		DEPAR						YGIEN EG. NO.	E					
	1. OECEDENT'S NAME (First, Middle, Las	t)							2. DATE OF	DEATH	v	YEAR		ME OF OEATH		
	MARGARET	MA	MARY SMITH						JUNE	-	1990		10	:30 a.	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)			IF UNDER		7. DATE OF I	BIRTH		6. BIRTH Countr	PLACI	E (State or Foreign		
	220-18-6742	1 □ M 2 😾 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT.	CT. 17, 1925 MARYLAND						
	9e. FACILITY NAME (If not institution, giv	street and number)			9b. CITY	r, TOWN (R LOCATI	ON OF DE								
5	ST. AGNES HO	DSPITAL			E	BALT	MORE					N/A				
5	RESIDENCE OF DECEDENT															
FUNERAL DIRECTOR	10e. STATE 10b. COU	VTY											INSIDE CITY LIMITS?			
	MARYLAND N/A			BAI	TIMO									YES 2 NO	_	
₹	10e. STREET AND NUMBER				101	. ZIP COD				10g. CIT			COUNTRY?			
N N	2039 GRIFFIS AVI						2123				L	U.S.				
<u>T</u>	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 A	NO		If yes, sp	ecify Cube	n, Mexica	NIC ORIGIN? (S in, Puerto Rica	pecify Yea n, atc.)	or No—			mericen Indien, la, etc.		
BY	IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify:								y:			Speci	lfy: [WHITE		
									18b. KII	O OF BUS	SINESS/IN	DUSTRY			_	
	(Specify only highest gri Elementery/Secondery (0-12)	College (1-4 or 5 +	(G	ive kind of . Do NOT u	work done se retired.)	during mo	st of working	ng								
급	12	NONE	'	SEC	CRETA	RY		ADVER			CTSTN	IC AC	ENC	C.Y.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mid											10 110		<u> </u>		
	JOSEPH SCHINDLER	R					N	IARC	ARET A	INFS	MET	SH .				
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e			Route Number,							
욘	TIMOTHY P. WHEEL						BURNIE	_								
	20a. METHOD OF DISPOSITION 1 To Buriel 2 □ Cremetion 3 □ R	emoval from State	20b. PLACE other pl	(ace)						20c. LO	CATION —	- City or To	wn, S	tate	/	
	4 Donation 5 Other (Specify)		MEADOWRIDGE MEM							ELK	RIDG	E, M	D.		_	
	21. SIGNATURE OF JUNEAU SERVIO	LICENBEE			22.	NAME A	ND ADDRE	SS OF FA	SII	NGLET	TON F	TINER	AT.	HOME		
	- LISBU		1 SECOND AVE. S.W. GLEN BURNIE, MD.21061													
\Box	23. PART I. Entar the diseases, o												1	Approximata		
	ahock, or haart fallul	e. Liat only one cau	se on each line	n.									- 1	Interval Between Onest and Da		
	IMMEDIATE CAUSE (Final disease or condition												i	Ornact and Do		
	resulting in death)	a. Prob	on as a conse	aniz	ing	pnet	moni	a					-			
_			onary en						,				j			
ó	Sequentially list conditions,		OR AS A CONSE			anu	TIDI	0515	<u> </u>				+	· · · · · · · · · · · · · · · · · · ·		
¥	if any, laading to immediata cause. Entar UNDERLYING	C.														
Ĕ	CAUSE (Disease or Injury that Initiated events		(OR AS A CONSE	OUENCE C	F):	_						_				
CERTIFICATION	resulting in death) LAST	d											- [
	PART II. Other significant condit	lone contributing to	death but not	na ar ritin a	le the re	mada da da		aluan in	Don't 0		AUTOPSY		WEE	E AUTOPSY FINOIN	100	
8	Coronary at	herosclero	Sis	resulting	III tila u	iliaariyiii	y cauaa	givan in		PERFO	RMED?	241	AVAIL	ABLE PRIOR TO PLETION OF CAUS		
ă						1			— P	YES 2	R □ NO		OF D	EATH?		
SICIAN: MEDICAL	Old myocar	ulai infai	ct with	rep	aire	d ar	eury	sm					X	YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL						LACE OF 1	EATH OF	neck only one)							
S	EXAMINER?	HOSPITAL:	500		OTHE				e Closson							

28b. TIME OF

26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

29e. CERTIFIER (Check only 1 🖂 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and manner as stated.

M

26c. INJURY AT WORK?

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated.

1 YES 2 NO

Agnes Hospital 900 Caton Ave.

29c. LICENSE NUMBER D04964

26d. DESCRIBE HOW INJURY OCCURED

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

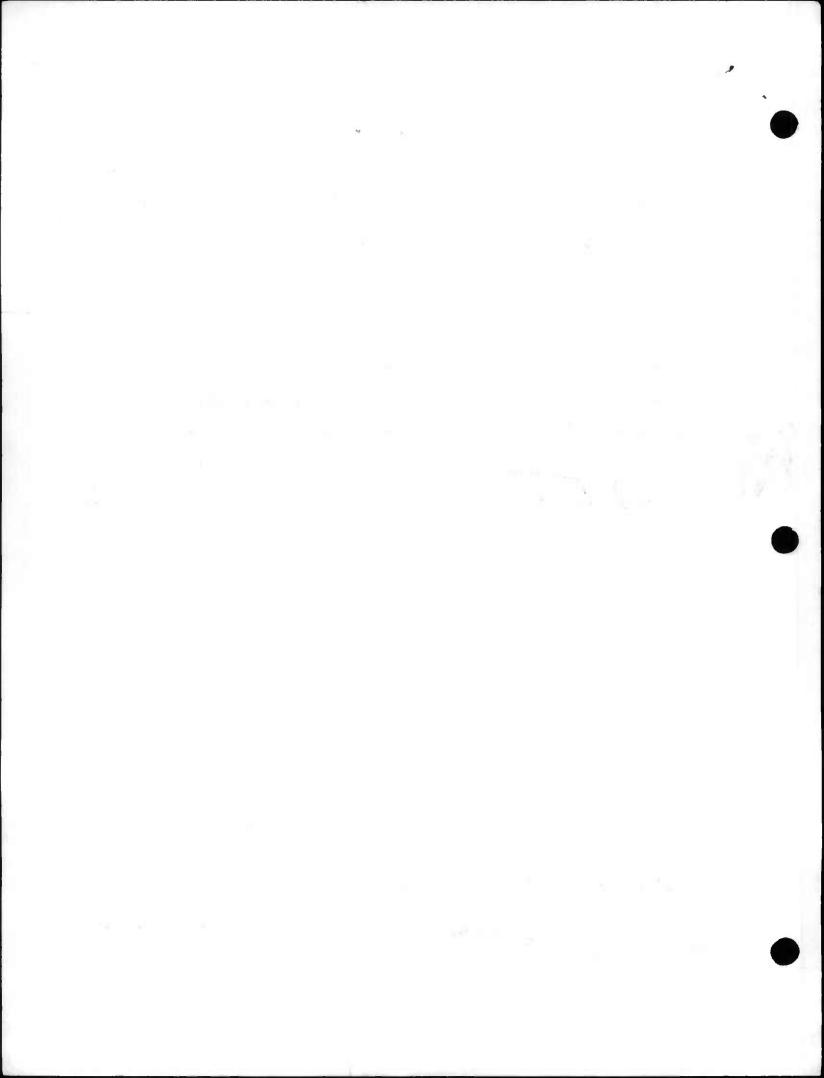
Balto.

29d. DATE SIGNED (Month, Day, Year)

6-27-90

28e. DATE OF INJURY (Month, Day, Year)

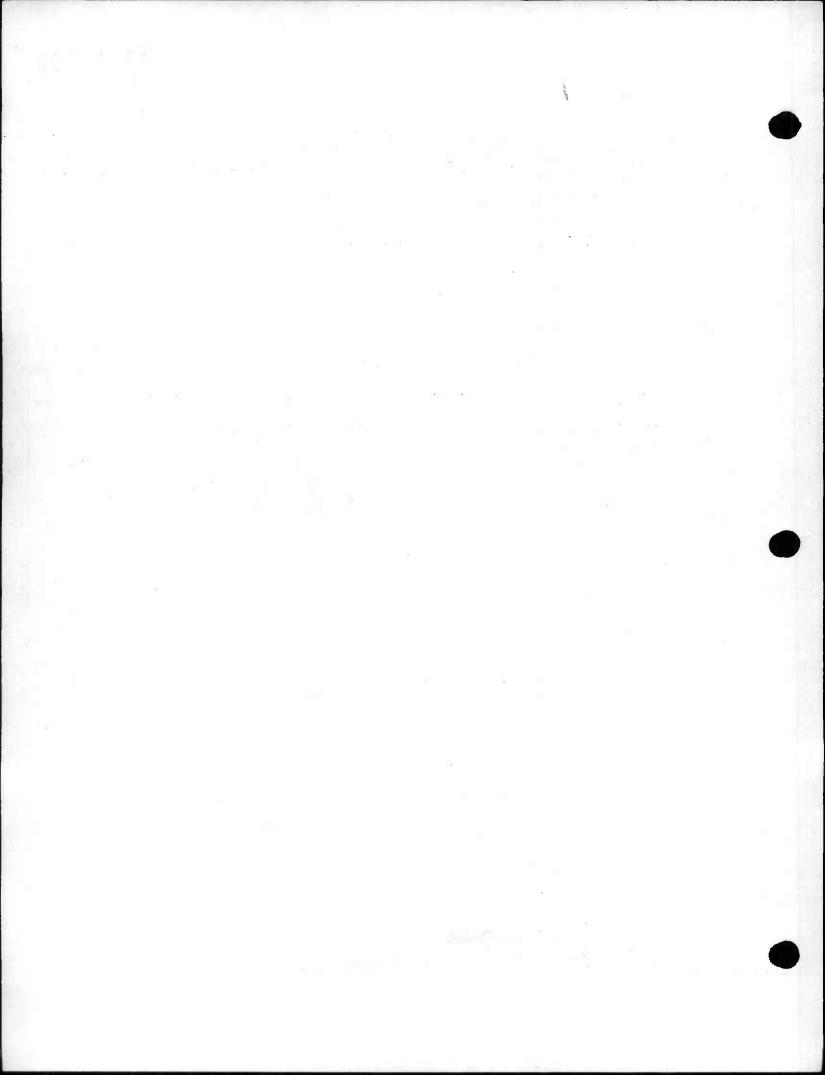
DHMH-16 Rev 1/89



ling physician.	the borna trained permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det cent for the funeral director, page 5 should be det cent for the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pnor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENT	TAL HYGIENI REG. NO.			.0070	
9	DECEDENT'S NAME (First, Middle, Last)	-		LITTI	IOAIL	. 01	DLA			TE OF DEATH				
										NTH DA	۲	YEAR	3. TIME OF DEATH	
	STELLA	C.		7	HOOT	EY			June 30, 1990 1:20 H					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		6. BIRTH	IPLACE (State or Foreign	
	100 05 4505	1 □ M 2 € F	7.0	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year)		Counti	.,	
	182-05-4505	Λ	12		217 227					7-1918			nsylvania	
	9a. FACILITY NAME (If not institution, give st				9b. CITY,	TOWN C	R LOCATIO	ON OF DE	9c. COUNTY OF DEATH					
R	Meridian Cromw	ell Nur	sing (Cen.	Pa:	rkv	ille	2			Ba1	tim	ore	
DIRECTOR	RESIDENCE OF DECEDENT													
Ĭ.	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CITY LIMITS?	
片	Maryland Balt	imore		C	ocke	17.637	1110	,			1 TES 2 X NO			
	10e. STREET AND NUMBER	IMOLC		1 00	CVC	_					40a CIT	TEN OF Y	2 %	
FUNERAL	The state of the s	_			101. ZIP CODE 109. CITIZEN OF WH									
E I	10417 Greentop	Road			21030 U.S.A					•				
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED						GIN? (Specify Yea	or No-	14. RACI	E — American Indian, k, White, atc.	
T.	1 Never Married 2 Married	IF YES, GIVE W	YES AND PATES	Дио			2 X NO			to Rican, etc.)		Spec		
1	3 X Widowed 4 Divorced						- 30	9,000.,	,.				ite	
	15. DECEDENT'S EDUC	CATION	16e.	DECEDENT'S	USUAL OC	CCUPATIO	N			16b. KIND OF BUS	INESS/INI		100	
	(Specify only highest grade			(Give kind of ife. Do NOT u	work done o	during mo	at of working	ng:						
그게	Elementary/Secondary (0-12)	College (1-4 or 5	·	~						- 1 - 1				
够	8 Years			Super	CVIS	or				Bindry	Z			
COMPL	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Last)												
BE (Yzidor		Zimgr	ocka			Wan	ıda		(Cerm	nans	kv	
	19a. INFORMANT'S NAME (Type/Print)				ADDRESS	(Street a			Route N	lumber, City or Town			21030	
일	Pat S. Harmer													
									a				Maryland	
	20a METHOD OF DISPOSITION	ovel from State	20b. PLAC other	E OF DISPO	SITION (Na	me of cen	netery, cren	natory or		20c. LO	CATION -	City or To	own, State	
	4 Donation 5 Other (Specify)		Gree	en Mo	ount	Cer	mete	ry		Bai	Ltim	nore	,Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			A2.1	NAME AP	D ADDRE	SS OF FA						
	5 1 bx	ses !			J (ohn:	son	Fun	era	al Home	≘			
	Treligo of	AL	nson		8	521	LOC	h R	ave	en Blv	d. To	WSO	n,MD21204	
	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
		List only one ceu	ise on each li	ne.									Interval Between Onset and Deeth	
	IMMEDIATE CAUSE (Finel disease or condition	/1	'	/	1.	3 1	1	0					Oliset and peem	
	resulting in death)	o. Um	police	1	Mar		rack	my	,					
		DUE TO	OR AS A CONS	EOUENCE C	OF):						~			
z	- Arteriosclevatio Communa artery Diseases													
9	Sequentielly list conditions, if env. jeeding to immediate	DUE TO	(OR AS A CONS	EQUENCE O	F):				-					
AT	cause. Enter UNDERLYING						(
유	CAUSE (Diseese or Injury	DUF TO	(OR AS A CONS	EQUENCE C)F)·									
Ē	that initiated events resulting in deeth) LAST		(011 710 71 00111		. /-								j	
CERTIFICATION		4.												
0	PART II. Other significent condition	e contribution to	Month but no	t requisies	In the un	elack da		aluan In	Floret I	04- 1100 411	ALITOROV	1 000	WERE AUTOPSY FINDINGS	
A		- 4 4		Cresulting	in the un	idertyln	3 cense	given in	Part I	PERFOR		240	AVAILABLE PRIDE TO	
MEDICA	Lena	facle	W							1 TYES 2	□ NO		COMPLETION DF CAUSE OF DEATH?	
ш		0											1 YES 2 NO	
2													, , , , , , , , , , , , , , , , , , , ,	
PHYSICIAN:														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	neck onl	y one)				
S	1 TES 2 TO NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA			e 5 🗆 Re	esidence	8 🗆 0	Other (Specify)				
Ē	27. MANNER OF DEATH	28a. DATE OF (Month, L		26b. Til			URY AT		28d.	DESCRIBE HOW I	NJURY O	CURED		
	1 Natural 5 Pending	114	JURY M		PRK?	□NO								
B	2 Accident Investigation Yes 2 NO									y or Pouri	Boute Number			
6	3 Suicide 6 Could not be		etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	311001, 1201	, oine				City or Town, State)	ING IVONADO	or riorer	riodie rennoes,	
E														
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge.	death occur	red at the t	lme, date	and place	, and due	to the	cause(a) and men	mer as st	nted.		
Z	(Check only one) 2 MEDICAL EXAMINE												a) and manner as stated.	
8				vətigati	, at any C	-partiell, C	0000	. su at till		and prace, an	www IU I	omuse(-, -110 111011111 - 4 618100.	
	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)	
	Menai (. K	mule	du N	9			1	210	2 3	2		7-2	-90	
TO BE	Monar (. A				e. Print)		15	210	20			7-2	-90	

mer Gerlia Santosse Mandage Me



BALTIMORE MARYLAND 21203-3146	mental by the hospital or attending physician.	INFECTOR. After this certificate has been signed by the attending physician and completely filled in by the section of the sec
	yours after deam. Pays the	y filled in by the here to have
IVISION OF VITAL RECORDS, P.O. BOX 13146,	ate be executed within	hysician and completel
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RECORDS	aw requires that the	s been signed by th
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JF \	HYSICI	nis cert
IVISION (OR ATTENDING PI	MRECTOR: After ti

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EN	TOR:	after	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wours after durin. Page seem the manned by the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a work and the second of the page	REC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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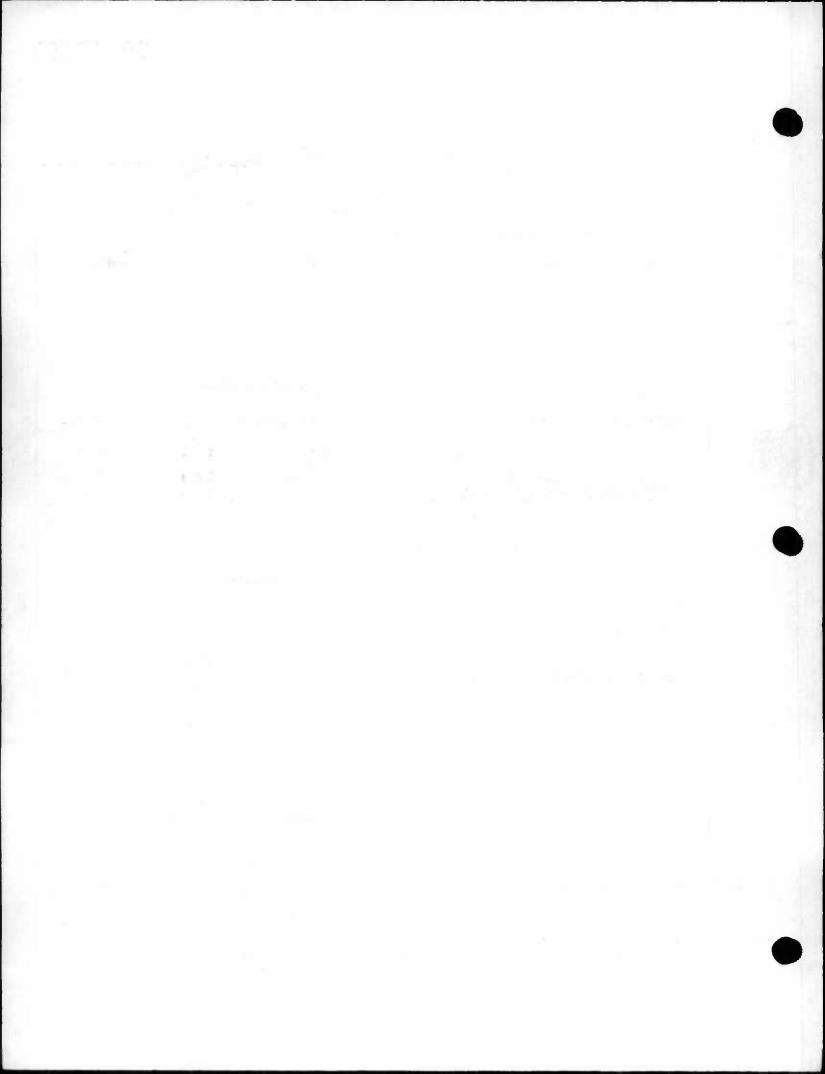
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Linda Whitby, MD
31. DATE FILED (Month, Day, Ybar)

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR		STATE OF M	MARYLA				EALTH AND I	MENTAI		_		
REGISTRAR	14300			CERTI	FICAT	E OF	DEATH		REG. NO	•		
1. DECEDENT'S NAME (First, Dorothy	A. To	laon						MONTH	OF DEATH	AY, 000	YEAR	3. TIME OF DEATN
					. I more than				e 26,	1990		7:25 p м
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. lest birthde;	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	Dey, Year)		Count	
579-16-6563		1 □ M 2 🔀 F		85 YAS.					10, 1			hington, D.C.
90. FACILITY NAME (If not in 4510-Burlin	gton R				C.		rille	EATH			inty of i	Georges
RESIDENCE OF DEC	16b. COUNTY			100.0	NTV TOWN	OR LOCAT	ION				-	10d. INSIDE CITY
Maryland	1170 1711	e George	es			ville						LIMITS?
4510-Burlin	ngton R	load				101	20781					what country? States
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES	2 NO	13	If yes, sp	ENDENT OF NISPAI ocity Cuben, Mexico 2007NO Specif	en, Puerto I		a or No—	Biac Spec	E — American Indian, ck, White, atc. city:
	EDENT'S EDUC			16a. DECEDENT	'S USUAL	OCCUPATIO	ON	16b	KIND OF BU	SINESS/IN	DUSTRY	
(Specify online Elementary/Secondary (I	y highest grade : 1-12)	College (1-4 or 5	,,	life. Do NO?	work don use retired	auring mo .)	st of working					
9				Hous	sewif	e			at h	ome		
17. FATNER'S NAME (First, M	liddle, Last)						16, MOTNER'S NA	AME (First, I	viiddie, Maider	Surname)		
John Cole	2						Clara	Emma	Moore	:		
19a, INFORMANT'S NAME (Type/Print)		. #4	19b. MAILI	NG ADDRE	SS (Street a	nd Number or Rural	Route Numi	per, City or Tov	vn, State, Zi	p Code)	
Harry J.To		Son)		_			on Road,	Hyatt		_	_	
20a. METHOD OF OISPOSIT 1 ◯ Burtal 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Remo	oval from State	20b.	place of disponent place) Cedar I	POSITION (Fill	Name of cor	netery, crematory or CETY			tland		own, State aryland
21. SIGNATURE OF FUNERA	LE SERVICE LIC	L. Bel	lan	m	Ĵ	. Wil	DADDRESS OF FA					neral Home 0002-5816
23. PART I. Entar that dishock, or himmediaTE CAUSE (Fidisease or condition resulting in death)	aart fallure.	a. Card	10-pu (OR AŠ A	ch line. Ilmonar CONSEQUENCE	y arı	rest				elratory a	reat,	Approximata Interval Batween Onset and Death
Sequentially list conditions, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in daath) LAS	ing ury	DUE TO	(OR AS A	CONSEQUENCE	OF):	rdiov	ascular	Dise	ase			
2.57 U. O.L		J	11500.1									
Anemia,		_			g in the	unogriyin	g cause given in		24s. WAS AFPERFO	RMED?	24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			ОТН	ER:	LACE OF DEATN (C					
10 YES 2 □ NO 27. MANNER OF DEATN		1 Inpatient 2			TIME OF	1	e 5 ⊠ Residence		F (Specify) SCRIBE NOW	IN Jumy A	CUBER	
	Pending	(Month,	Day, Year)		INJURY	WC	PRK?	200. 00	PONIBE NOW	HOURT OF	SOURED	
2 Accident 3 Suicide 6 Homicide	Investigation Could not be determined	28e. PLACE building	OF INJURY	— At home, fam	n, street, f				ATION (Street or Town, State		er or Rura	I Route Number,
29a. CERTIFIER (Check only		CIAN: To the best of	f my knowl	edge, death occ	urred at th	e time, date	and place, and du	e to the ce	use(a) and me	onner as st	ated.	
one) 2 🔀 MED	DICAL EXAMINE	R: On the basis of	examination	and/or investig	etion, in m	y opinion, o	leath occured at the	e time, date	and place, s	nd due to	the cause	(a) and manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIES						29c. LICENSE NU					ED (Month, Day, Year) ≥ 27,1990
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETEO CAL	JSE OF DEA	ATH (ITEM 27) (7	vpe. Print)		D 1/102				Jule	- 411133U

9556-Crain Highway, Upper Marlboro, MD 20772



ITEMS:23,27 per ME G-666 8-6-90 cm

1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DE CER	PARTMENT OF TIFICATE OF		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) DONNA	V	VILSON		2. OATE OF DEATH	YEAR	3. TIME OF DEATH 4:09PM N
9. FACILITY NAME (If not institution, give street at 808 N. Kenwood Av	M 2 DE 30 Y	RS. MONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEATHORS CI	/e = 55	8. BIRT	HPLACE (State or Foreign
10e. STATE 10b. COUNTY 10e. STREET AND NUMBER 11. MARRITAL STATUS 12. 1 Never Merried serried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATIK (Specify only highest grade comp	WAS CALLED TO THE PROPERTY OF	c. CITY, TOWN OR LOC.	Of, ZIP CODE CENDENT OF HISPANIC SPECIFY CUBEN, Mexican, is 2 2 100 Specify: TON TON TON TON TON TON TON TON TON TO	1 CORIGIN? (Specify Yea or	No 14. RAM Ble Spe AM ESS/INDUSTRY	10d. INSIDE CITY LIMITS? 1 TES 2 NO WHAT COUNTRY? E — American Indien, ok, White, etc. Giy: CGRU: CGRU
23. PART I. Enter the diseases, or complete shock, or heert fellure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	pilications that ceused the death only one ceuse on each line. CATTY LIVER OUE TO (OR AS A CONSEQUE)		29 N. noda of dying, such	CARO, es cardiec or reepirat	ine g	Approximeta Interval Betwee Onset and Deat
Sequentielly list conditions, if sny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in daeth) LAST	DUE TO (OR AS A CONSEQUE					
PART II. Other significent conditions of	ontributing to death but not resu	iting in the underly	ing ceusa given in F	Part I. 24a. WAS AN AI PERFORMI	ED?	ID. WERE AUTOPSY FINDING: AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXX YES 2 \(\sum \) NO
	OSPITAL:	OTHER:	PLACE OF DEATH (Chec			
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	S. Charles C. Contract Contrac	Bb. TIME OF 28c. I	NJURY AT WORK?	28d. OESCRIBE HOW INJ 28f. LOCATION (Street end City or Town, State)		ıl Route Number,
(Check only	N: To the best of my knowledge, death on the basic of examination end/or inve			lme, date end place, end	due to the ceus	e(a) and manner as stated.
How F. Ys	the Alad		OCME	BER		-29-90 .
Mario F. Golle, J			Penn Stree	et,Baltimor	e,MD 2	1201

the burial-transit parmit. Pages 1, 2, 3 should ding physician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23-mours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

JUL 0 3 1990

Julia Davidson-Rondara

DHMH-16 Rev 1/89

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ompletely filled in by the funeral director	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	arked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR ERTIF					MENTA	L HYGIENI REG. NO.	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)	_							2. DATE	OF DEATH			TIME OF DEATH	-
	Nic	holas	J.	N.	aszc	zenk	0		6	-27-90 th	Y Y	1	.0:15AM M	
	4. SOCIAL SECURITY NUMBER 218-48-0799	5. SEX 1. M 2 D F	6. AGE (In yrs. Is	vRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year)		Country)	CE (State or Foreign	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D								-
S S	St. Agnes Hospit	al			В	alti	more	Cit	У					
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			T 40 - 017	v zowal	OR LOCATI	ION					T 40.	I. INSIDE CITY	_
DIRECTOR												1	LIMITS?	
	Maryland 100. STREET AND NUMBER				Balt	imo	I CODE				10g. CITIZEN		YES 2 NO	-
FUNERAL	1912 Rockwell	Λνο.				101.								
N.	11. MARITAL STATUS		IT EVER IN U.S. A	RMED	T 13.	WAS OECE		228 DE HISPAN	IIC ORIGI	N? (Specify Yea		S.A		-
	1 Never Married 2 Married	FORCES? 1	YES 2	NO			cify Cuba	n, Maxicai	n, Puerto	Rican, atc.)		Black, Wi Specify:	American Indian, hita, atc.	
B	3 Wildowed 4 Divorced	# 720, GIVE 1	DAN ON DATES			1 1 123	XXIII	Specify	•				ite	
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(ECEDENT'S Give kind of	work done	during mos		а	16	b. KIND OF BUS	INESS/INDUS	TRY		
	Elamentary/Secondary (0-12)	College (1-4 or 5	134	e. Do NOT u	se retired.)				٦,	0-1+:-	0.770		0 []-0	
COMPLETED	12			Sa	les							aas	& Elec	
	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
H	John Waszcze 19a, INFORMANT'S NAME (Type/Print)	nkn						-nqc	rkia	Dzju	hak			_
	Eudokia Waszcz	ميامه								nber, City or Town			000	
	20a. METHOO OF DISPOSITION	enku		E OF DISPO						Balto.	CATION — City			-
	1 Surial 2 Cremation 3 Rams	oval from State	St.	rienal .									County	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_) .	Allu.	22.	NAME AN	ID ADDRE	SS OF FA	OUT TOTAL					-
	•								L				, Inc.FH	
	On DARK : Established discussion of		A sisterior acces	D.	_								21231	_
	23. PART i. Enter the diseases, or c shock, or heert fellure.				not ente	r the mo	ae or ay	ing, suc	n aa cs	rdiac or respi	retory arrea	Į,	Approximata interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	Arter	ioscler	otic	card	iova	ccul	ar d	ica	950			Onset and Daeth	
	resulting in death)	a	(OR AS A CONS			TOVA	SCUI	ar u	1300	150				_
-														
ERTIFICATION	Sequentielly list conditions, if any, lesding to immadiate	DUE TO	(OR AS A CONS	EOUENCE C	F):									_
8	cause. Enter UNDERLYING CAUSE (Disease or injury	с												
E	that initietad events	DUE TO	(OR AS A CONS	EOUENCE C	F):									
	resulting in death) LAST	d												_
2	PART ii. Other significent condition	a contributing to	death but not	reauiting	in the u	nderlying	g cause	given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS	_
MEDICAL										PERFOR		CC	AILABLE PRIOR TO IMPLETION OF CAUSE	
									DEATH? YES 2 NO					
1 .												1 ~	<u></u>	
M	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only	one)				
Sic	EXAMINER?	HOSPITAL:	XIR/Outpatient	3 🗆 DOA	OTHE		e 5 □ R	ealdence	8 🗌 Ott	ner (Specify)				
PHYSICIAN	27. MANNER OF DEATH	28a. DATE Of	F INJURY Day, Year)	28b. TII	ME OF JURY	28c. INJ	URY AT		28d. Di	ESCRIBE HOW I	NJURY OCCU	RED		_
ВУ	2 Accident Pending Investigation				М		YES 2 [NO						
	3 Suicide 8 Could not be	28a. PLACE (building	OF INJURY — At I , atc. (Specify)	home, ferm,	atreet, ta	ctory, offic	8			CATION (Street by or Town, State)		Rural Rout	e Number,	
ETE														
릴		ICIAN: To the best o												
COMPL	one) 2. MEDICAL EXAMINE	R: On the besis of a	examination and/o	r investigati	on, in my	opinion, d	leath occu	red at the	time, de	ita and placa, ar	nd dua to the	cause(a) ar	nd manner as stated.	
ш	296/SIGNATURE AND TITLE OF CERTIFIE	(1200	h		7		29c. LIC	ENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Year)	
0	30, NAME AND ADDRESS OF PERSON WI	Delle	IOF OF PULL	180	Del-11			OCME)		P (5-28-	-90	_

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF JEAR H (ITEM 27) (Type, Print)

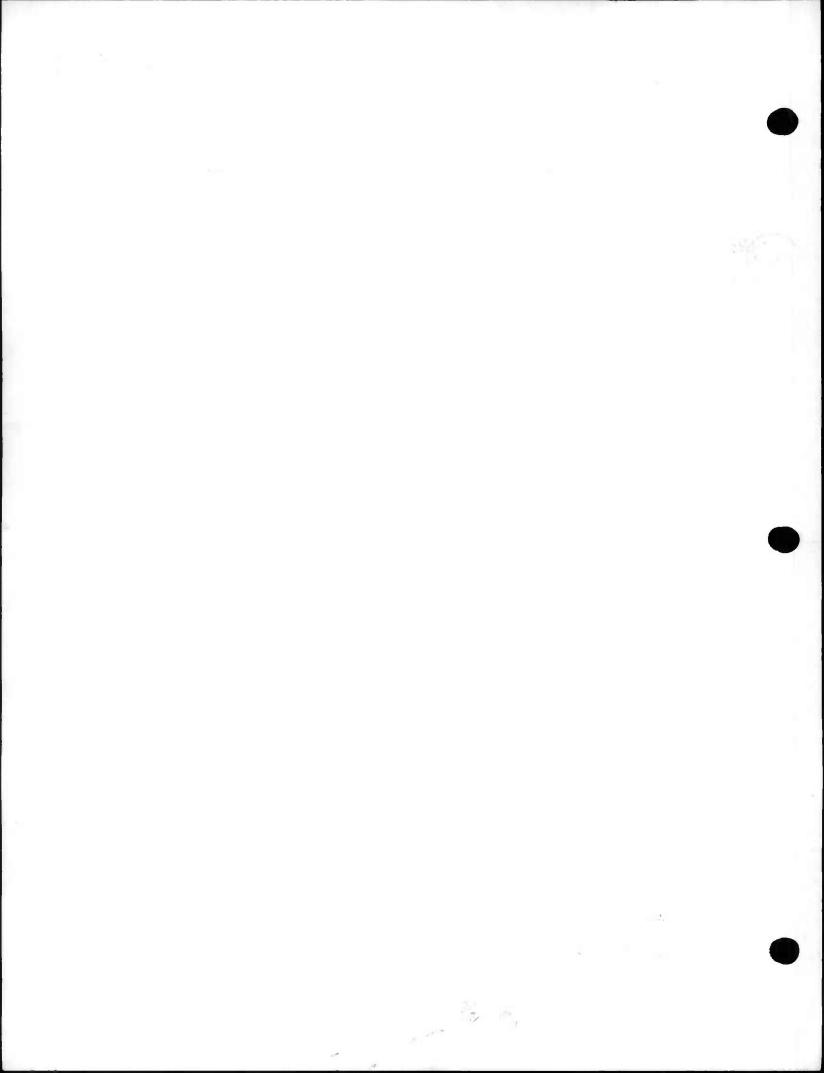
32. REGISTRAR'S SIGNATURE

Golle, Jr.,MD

Mario F.

VC

111 Penn Street, Baltimore, MD 21201



TO BE COMPLETED BY FUNERAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the steen death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF M	ARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF	DEAT	Ή		REG. NO.

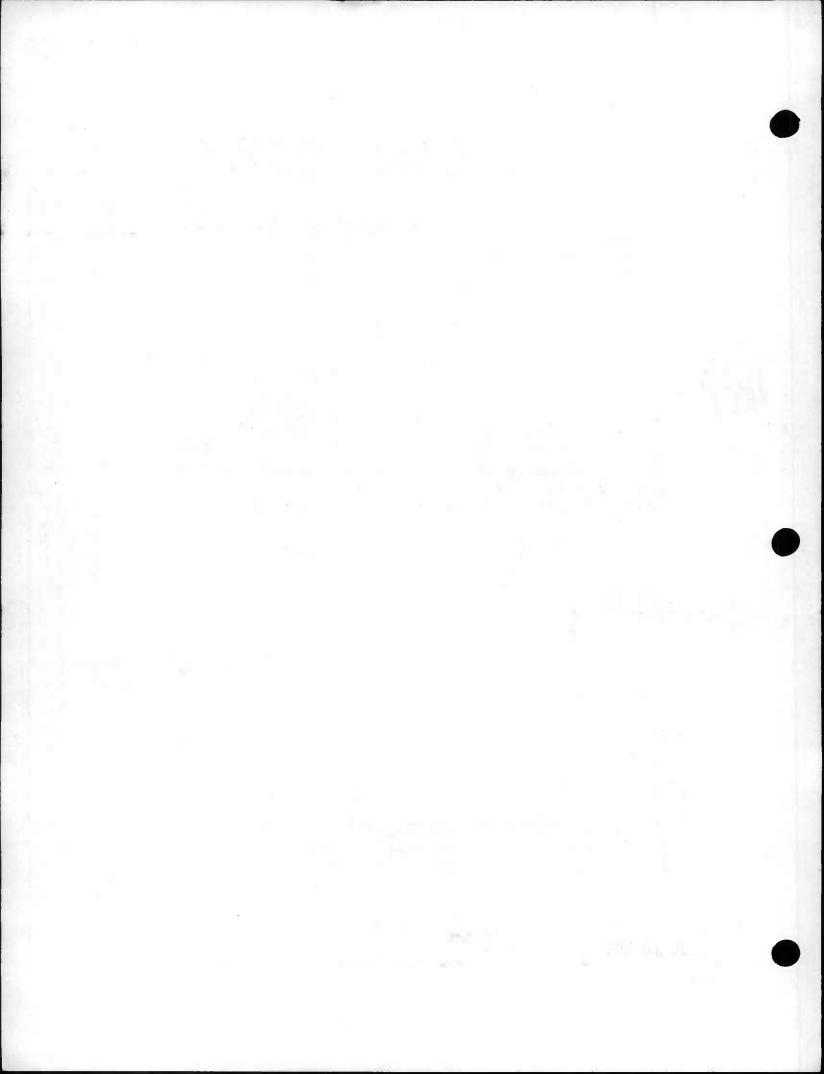
1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	3. TIME OF DEAT	N
LILLIE M.	WHITE				6/ 28/	90 8:00	P. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year))	6. BIRTHPLACE (State or Fo	reign
213-30-3311	1 🗆 M 2 🕁 F	73 YRS. MON	THS DAYS	HOURS MIN.	09/08/16	6. BIRTHPLACE (State or Fo	
9e. FACILITY NAME (If not institution, give str		9b.		R LOCATION OF DEA	TH / 9c.	COUNTY OF DEATN	
Sinai Hospi	tal		Ва	ltimore			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY) TO	WN OR LOCAT	ION (10d. INSIDE CITY	
Md.		130	1Hom	oll		1 # YES 2	NO
10e. STREET AND NUMBER	2427 Cy1bur	n Ave.	101.	ZIP CODE	100	. CITIZEN OF WHAT COUNTRY?	
2427 Cy 15Ux	ne			2/2/5		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	U.S. ARMED		ENDENT OF NISPANI	C ORIGIN? (Specify Yea or N. Puerto Rican, etc.)	o- 14. RACE — American Indi Black, White, etc.	en,
1 Never Married 2 Merried	IF YES, GIVE WAR OR D			2 NO Specify:		Specify:	- 1
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	AL OCCUPATIO	IN	16b, KIND OF BUSINES	Black	
(Specify only highest grade	completed)	(Give kind of work in the Do NOT use retained to the control of th	done during mo:	st of working	Tobs Kind of Boomer		
Elementary/Secondary (0-12)	College (1-4 or 5+)						
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Malden Surns	ama)	71
Richard	Parker			B1	anche Pa	arker	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street a	nd Number or Rural Ro	oute Number, City or Town, Sta	ite, Zip Code)	
Blanche Chena	ult	5912 F	'rankli	n Ave. B	alto, Md. 2	1207 Apt. 2F	
20a. METHOD OF DISPOSITION		o. PLACE OF DISPOSITIO	N (Name of cen	netery, crematory or	20c. LOCATIO	ON — City or Town, State	
4 Donation 5 Other (Specify)	Vali Holli State	lestern Sta		,		onsville, Md.	
21. SIGNATURE OF EUNERAL SERVICE LIC	ENSEE /			D ADDRESS OF FAC		II D. A	
I find (1	men	1			ers Funeral Pl. Balto. N		
23. PARTUL Enter the diseases, or o	omplications that cause	d the deeth. Do not					ate
shock, or heert fellure.	list only one ceuse on	ach line.	4	2 222 /2	120.11	Interval E	
iMMEDIATE CAUSE (Final disease or condition	Jepsi?	Herres 5	11500	300 //	DU MY RA	(PULLAD)	
resulting in death)	DUE,TO (OR AS	A CONSEQUENCE OF):	0	/	1 1 11	1121	
	Oatce	11 Cana	l, 01	Minis	-5/P July	no heur	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	1		/	7/	
cause. Enter UNDERLYING CAUSE (Disease or injury	÷		٧	U	_	/	
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
reaulting in deeth) LAST	·						
PART ii. Other significent condition	contributing to death	out not reaulting in ti	he underlyin	g cause given in I			
HITMAN N	retter				PERFORMED 1 PES 2	COMPLETION DF	
	,				_	DF DEATH?	NO I
					-		
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATN (Che	ck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 FR/Out		THER: Nursing Nor	ne 5 🗆 Raaldence	8 Other (Specify)		70
27. MANNER OF DEATN	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. IN.	JURY AT DRK?	28d. DESCRIBE NOW INJUI	RY OCCURED	
1 Natural 5 Pending 2 Accident Investigation		INJURY	27	YES 2 NO			_ 1
	(mondy bay, rody)	- 1		.20			
a Double	28s. PLACE OF INJUR	Y — At home, farm, stree		_		lumber or Rural Route Number,	
A DOCTOOM		Y — At home, farm, stree		_	281. LOCATION (Street and P City or Town, State)	lumber or Rural Route Number,	
3 Suicide 6 Could not be determined 29a. CERTIFIER 1 DESCRIPTION DENVS	28s. PLACE OF INJUR	oclfy)	et, factory, offic	•	City or Town, State)		
3 Suicide 6 Could not be 4 Nomicide determined 29a. CERTIFIER (Check only	26a. PLACE OF INJUR building, atc. (Spot CIAN: To the beet of my known	wledge, deeth occurred a	t the time, date	e and place, and due	City or Town, State) to the cause(a) and manner		stated.
3 Suicide 6 Could not be 4 Nomicide determined 29a. CERTIFIER (Check only	28a. PLACE OF INJUR building, atc. (Spot CIAN: To the best of my knor R: On the basis of exeminati	wledge, deeth occurred a	t the time, date	e and place, and due	City or Town, State) to the cause(a) and manner time, date and place, and du	aa stated.	
3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. PLACE OF INJUR building, atc. (Spot CIAN: To the best of my knor R: On the basis of exeminati	wledge, deeth occurred a	t the time, date	and place, and due	City or Town, State) to the cause(a) and manner time, date and place, and du	se stated.	
3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. PLACE OF INJUR building, atc. (Spot CIAN: To the best of my knor R: On the basis of exeminati	wiedge, deeth occurred at on and/or investigation, in	at, factory, office t the time, date in my opinion, o	and place, and due	City or Town, State) to the cause(a) and manner time, date and place, and du	se stated.	
3 Suicide 4 Nomicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28a PLACE OF INJUR building, etc. (Spotane). To the best of my known in the best of axaminets.	wiedge, deeth occurred at on and/or investigation, in	at, factory, office t the time, date in my opinion, o	and place, and due	City or Town, State) to the cause(a) and manner time, date and place, and du	se stated.	

use as the bunal-transit permit, Pages 1, 2, 3 should



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Las.	t)				2. DATE OF DEA			3. TIME OF DEATH
	STANLEY (NM	N) WILCOX				MONTH	DAY 7	YEAR	945 M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	-		HPLACE (State or Foreign
	064-20-6810	1 ★M 2 □ F	77 YRS.	MONTHS DAYS	HOURS MIN.	Feb. 20	, 1913	Ne	w York
OR	9a. FACILITY NAME (If not institution, give Bethesda Retirem		Center escent	Bethes	or location of de sda	ATH		ntgon	
5	RESIDENCE OF DECEDENT				No.				
DIRECTOR	10a. STATE 10b. COUN	III		hington	District	of Colu	10d. INSIDE CITY LIMITS? 1X YES 2 NO		
4	10a. STREET AND NUMBER				. ZIP CODE	02 002		TIZEN OF	WHAT COUNTRY?
FUNERAL	4211-49th Stree				20016 United States				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 XYE	IN U.S. ARMED		ENDENT OF HISPAN			14. RAC	E — American Indian, ck, White, atc.
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	World War	DATES		2 NO Specify		c.)	Spe	
ETED	15. DECEDENT'S ED	DUCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND O	F BUSINESS/II	NDUSTRY	
E	(Specify only highest gra	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	ast of working				
赵		5+	Educat	or		Feder	cal go	vern	ment
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	alden Surname)		
闡	Stanley Leroy	Wilcox			Unkno	wn			
個[19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City of	or Town, State, 2	Zip Code)	
-	Rhea R.Wilcox	(Wife)	4211-	49th St.	, NW, Wash	ington, I	D.C. :	20016	5
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 X Cremation 3 ☐ Ra	moval from State	0b. PLACE OF OISPO other place)	SITION (Name of ce	metery, crematory or	20	e. LOCATION -	- City or 1	own, State
1	4 Donation 6 Other (Specify)		Lee's	Cremator			shing	ton,I	D.C.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADORESS OF FA	CILITY	Comman	orz D	meral Home
	+ ((la lea)	L. Belan	1101						20002-5816
	23. PART i. Enter the diseases, o	r complications that caus	d the death. Do	not antar the mo	da Df dying, auc	h aa cardlac pr	reapiratory a	rrest,	Approximata
	shock, or heert fellure	e. List only one cause on	esch line.						interval Between Onset and Death
	iMMEDIATE CAUSE (Final disesse or condition	m. Latti	Syvamus	1.11 /					In H
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	P):			<u> </u>		Month
z		- Luns C) Services						Yours
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):	-				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
1	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
ER	resulting in death) CAST	d							
	PART II. Other algnificant conditi	ona contributing to death	but not resulting	in the underlyin	g causa given in		AS AN AUTOPS	¥ 24	b. WERE AUTOPSY FINDINGS
DICAL							RFORMED		AVAILABLE PRIOR TO COMPLETION DF CAUSE
MED					***	''''	ES 2 NO		OF DEATH?
Σ									1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T		/28 P	LACE OF DEATH (Ch	eck only one)			
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utnetlant 3 □ BOA	OTHER:	ne 5 🗆 Residence				
H	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 26b. TIA	AE OF 28c. IN	JURY AT	28d. DESCRIBE		CCURED	
7	1 Netural 5 Pending	(Month, Day, Year) IN		YES 2 NO				
	2 Accident Investigation 3 Suicide 6 Could not b	28a. PLACE OF INJU	RY — At home, farm,	street, factory, offic	:0	26t, LOCATION (S	Street and Numb	ber or Rural	Route Number,
Ë	4 Homicide detarmined		pecify)			City or Town,	State)		
F	29a. CERTIFIER	YSICIAN: To the best of my kno	owledge death occur	rad at the time, dat	and place, and due	to the anneals) or	4	detect.	
COMPLETED	Concordony	INER: On the basis of examinat							(a) and manner as stated.
	296. SIGNATURE AND TITLE OF GERTIF				29c. LICENSE NUI				
BE	NX 17 1/2	- MD			AND LICENSE NUI	MDCM	29a. D.	AC L	(Month, Day, Year)
2	30. NAME AND ADDRESS OF ERSON	VHO COMPLETED CAUSE OF	DEATH (ITEM 97) /5-	e Print)	MU.			06 12	190
	N / W V	una, MiD.	4910 M	sach with	Ave. N.	W 4.21	,		
	31. DATE FILED (Mortel, Day, Year)	32. REGISTANT'S SO		Jan organich R	//				
	JUL 03 1990 Jul	in Murdson Mark							



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parties filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

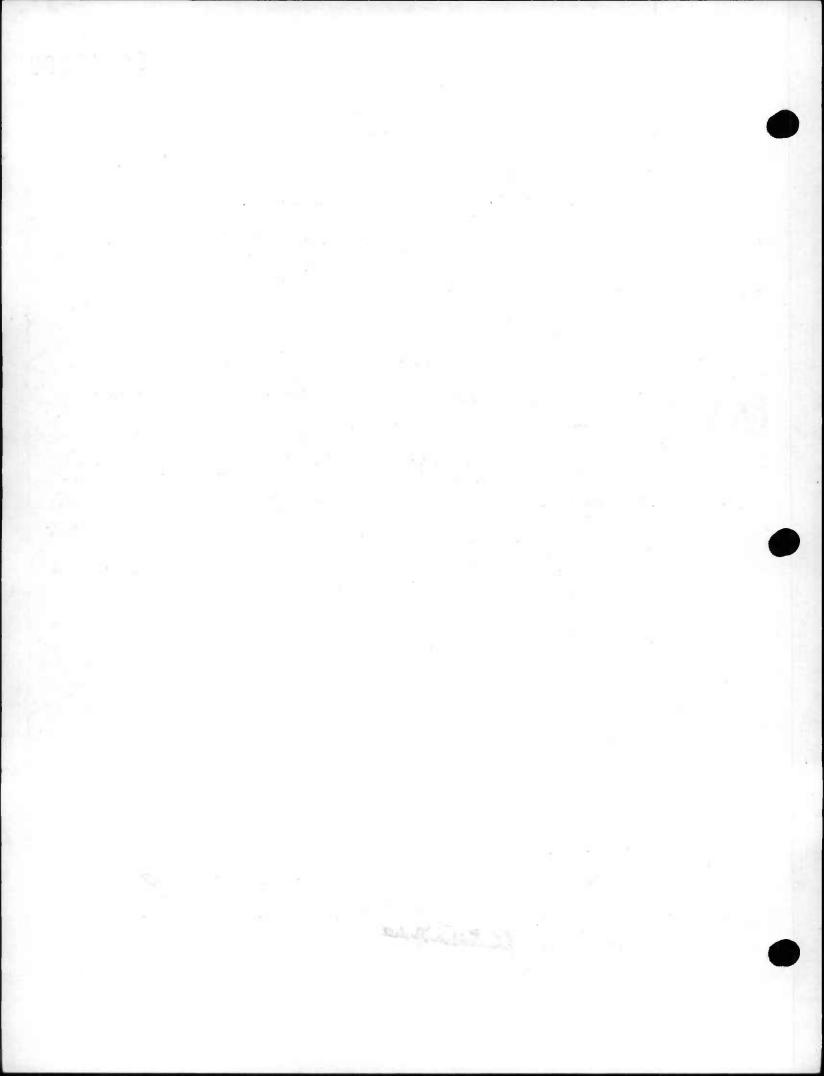
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	FOR 1 - STATE REGISTRAR	STATE OF MA			RTMENT					YGIEN EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) FRANCES	М.	w	ЕТТЕ	NGFI				2. DATE OF I	DA	Y	YEAR	3. TIME OF DEATH	M
- 1	4. SOCIAL SECURITY NUMBER 218-18-4107	5. SEX 1 M 2 X F	8. AGE (in yrs. les		IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF B (Month, Day June	IPITH (, Year)	905	8. BIRTHP Country)	LACE (State or Foreign	7
TOR		le. FACILITY NAME (If not institution, give street and number) BELAIT CONVALESATIUM 6116 BELAIT RESIDENCE OF DECEDENT							96. CITY, TOWN OR LOCATION OF DEATH Baltimore, Maryland					
L DIRECTOR	10a. STATE 10b. COUNTY Maryland 10a. STREET AND NUMBER				altir	nore		4			10c CITI		10d. INSIDE CITY LIMITS? 1 X YES 2 NO NAT COUNTRY?	
FUNERAL	5214 Biddison Lar	12. WAS DECEDENT	Pres mus as	1150	1.0		212	06			U.	S.A.		
ВУ	1 X Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 X			If yes, sp	ecify Cubi		IIC ORIGIN? (Si n, Puerto Ricer /:		or No—	Black,	American Indien, White, etc. White	
OMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9 YY S		(Gi	CEDENT'S five kind of Do NOT u	USUAL O work done se retired.)	CCUPATIO during mo	ON at of worki	ing	16b. KIN	D OF BUS	SINESS/IND	USTRY		
ro er con	17. FATHER'S NAME (First, Middle, Last) Alfred	Wet	tengel				F	rance				Hum	mer	Ī
E.	Alice V. Euler				Same	as	# 10		Route Number, C					
	1 Series 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)		New C Hartso	Athe	dral		7/3/		CILITY	Ba	ltimo more	re,		
	23. PART I. Enter the diseases, pro	autork	. 2		L				ıck, Ir	IC.	5305	Hart	ford Rd.	
	shock, or heart fellure. IMMEDIATE CAUSE (Finel dieeeee or condition resulting in deeth)	ACU,	e on each line	N	15	-)	de or dy	ing, suci	ir as ceruiac	oi respi	taibty off	ost,	Interval Betw Onset end D	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C			OFF:	7	10	A D	eur	<i>E</i>	M	15		
4	PART II. Other eignificent condition	e contributing to d	leath but not r	resulting	in the u	nderlyin	g ceuse	given in		. WAS AN PERFOR			WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 □ Nu	R:		•	eck only one)	ecify)				
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		28b. TII		2Sc. IN.	JURY AT ORK? YES 2		28d. DESCRI		NJURY OC	CURED		
	3 Suicide S Could not be determined	2Se. PLACE OF building, e	INJURY — At he tc. (Specify)	ome, ferm,	street, fac	tory, offic			281. LOCATIO City or To	N (Street own, State)	and Number	or Rural Ro	oute Number,	
COMPLET	one)	CIAN To the best of m											end manner as state	d,
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	le-					2900410	ENSE NUM	MBER QU	0	29d. DAT	E SIGNED	(Month, Day, Year)	

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 2Sc. INJURY AT WORK?

1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be 4 Homicide 29b. SIGNATURE AND TI 0 3



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	ш	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	H
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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

(Check only one)

30. NAME AND HAP

29b. SIGNATURE AND TITLE OF CERTIFIER

2 MEDICAL EXAMINER: On the basis of examination end/or in

H

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGIST AN'S SIGNATURE

GUNA DANGS

Pha

305

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR EUGENE WILFORD WARD 5:40 06 90 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS XX M 2 □ F 213-09-4019 80 3-10-1910 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERIDIAN HERITAGE NURSING HOME DUNDALK BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MARYLAND BALTIMORE **EDGEMERE** 1 TES 2 NO 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 6518 NORTH POINT ROAD 21219 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Maxicen, Puarto Rican, atc.)

1 YES XXXIO Specify: 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 1 Never Married 2 Merri Specify: 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 6TH GRADE N/A OUTSIDE MACHINIST <u>BETHLEHEM STEEL</u> 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN MABLE WARD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ALBERT DOYLE BOX 226 ANGOLA BEACH IFWES DELAWARE 19958 20s. METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State PARKWOOD CEMETERY 6-29-1990 BALTIMORE. MARYLAND 11. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE MD DUNDALK 21222 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart feliure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Oneet end Death MOMI disease or condition resulting in death) Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING N CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 - YES 2 100 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 4 Nursin 1 Inpatient 2 ER/Outpetient 3 DOA 5 - Residence 6 - Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural 2 Accident 2 NO 1 YES 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER
(Chack pnlv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner on stated.

DHMH-18 Rev 1/89

TIMOL

29d, DATE SIGNED (Month, Day

29c. LICENSE DUMBER

menty and the second BALTIMORE, MARYLAND

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5	FOR STATE REGISTE
}	1. DECEDENT'S
	4 600141 656

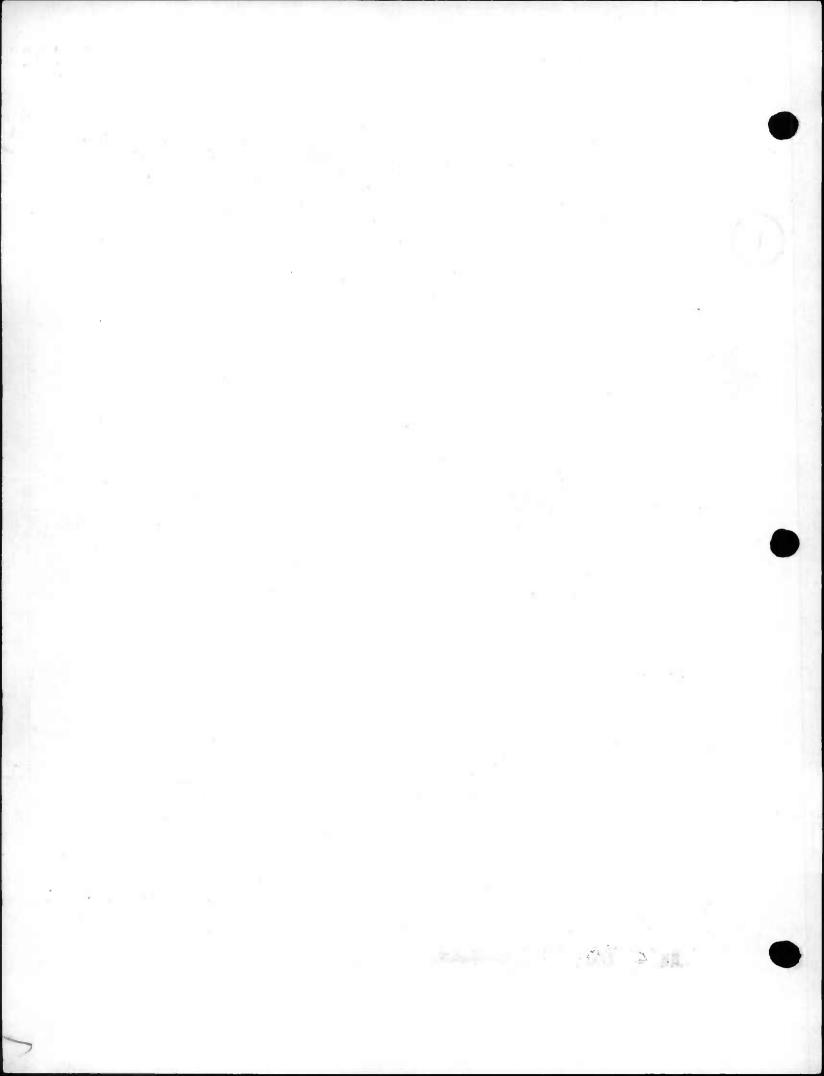
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR				CERTIFIC	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
Me:	lvin H	Robert Ad	lams				7	ື 3້		00	
4. SOCIAL SECURITY NUMBER	ER	5. SEX 8.	AGE (In yrs		IF UNDER 1 YEAR			OF BIRTH			PLACE (State or Foreign
219-32-7985		1 🖾 M 2 🗆 F	57	YRS.	MONTHS DAY	B HOURS MIN.	10	th, Day, Year) 15 3	2	Mar	yland
9a. FACILITY NAME (If not in	stitution, give st	reef and number)			9b. CITY, TOW	N OR LOCATION OF DE			9c. COUN		
9910 Cerv:	idaa Ta	no Ant	104		Dor	dallstown					
RESIDENCE OF DEC		me Apt.	104		Kai	idalistown	1		Г	затс	imore
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
Maryland	Balt:	imore			Rand	lallstown				-	1 YES 2 K NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZ	ZEN OF V	VHAT COUNTRY?
9910 Cerv:	idae I	Lane Apt	. 10	4		21133	l l		т	J.S.	Δ
11. MARITAL STATUS	Luae I	12. WAS DECEDENT I			12 488 7	DECENDENT OF HISPAN		N2 (Specify Ver			
1 Never Married 2 K	Married	FORCES? 1 2	YES 2	NO	If yes,	specify Cuban, Maxica	in, Puarto		01.110		— American Indian, t, Whita, etc.
3 Widowed 4 Divo	rced	if yes, give was		i	1 1 1	'ES 2 NO Specif	y:			Speci	_{hite} hite
15. DEC	EDENT'S EDUC			n. DECEDENT'S U	ISUAL OCCUP	ATION	160	b. KIND OF BUS	SINESS/INDI		nice
(Specify onl	y highest grade	completed)		(Give kind of we	ork done during retired.)	most of working	"	D. Idiib G. Do.	J		
Elementary/Secondary (0	F12)	College (1-4 or 5+) 1/2 Year		Flac	trical	Engineer	.	HBE C	ontra	oto	rc
17, FATHER'S NAME (First, M		. 1/2 Teal	٥	חדהר	crical	16. MOTHER'S NA					r 9
William	-44	\ Ada==				100000000000000000000000000000000000000		Pric			
	John	n Adams									A14
19a. INFORMANT'S NAME (7						et and Number or Rural					211
Mrs. Ruth						rvidae La	1. A				allstown,M
20a, METHOD OF DISPOSIT 1 X Burial 2 Crematic		rval from State	20b. PL.	ACE OF DISPOSI	TION (Name of	cemetery, crematory or		20c. LO	CATION — C	City or To	wn, Stata
4 Donation 5 Other					Park	Cemetery		Wo	odlav	m,	MD
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		1	22. NAME	AND ADDRESS OF FA	CILITY	1 D.			7
1 1		/ NOA ()_	. /	1.		ng Byers				-	
1 Def	2 Men	111. 40	Mp	gen							n, MD 2113
23. PART I. Enter the d shock, or h	eert fellure.	omplications that o	on each	e death. Do no line.	ot anter the	mode of dying, suc	ch ee cer	rdiec or reep	retory sm	eat,	Approximate interval Between
IMMEDIATE CAUSE (Fin	nei										Onset and Dea
disesse or condition	→	Respu	ato	U FAIL	LIRE						ļ
		DUE TO (O	R AS A CO	NSEQUENCE OF):						
		Lyng	C	ANCE	R						3 mo.
Sequentielly list condit		DUE TO (O	R AS A CO	NSEQUENCE OF):						
cause. Enter UNDERLY CAUSE (Disease or inju	ING	1									
that initiated evente	''y	DUE TO (O	R AS A CO	NSEQUENCE OF):						
resulting in death) LAS	T .	1									
PART II. Other significa	ent condition	s contributing to d	eath but r	not resulting in	1 the underly	ying ceuse given in	Part I.	24a. WAS AN PERFOI		246	WERE AUTOPSY FINDING AVAILABLE PRIOR TO
								1 TYES 2	X NO		COMPLETION OF CAUSE OF DEATH?
											1 - YES 2 1 NO
25. WAS CASE REFERRED 1	O MEDICAL				26	. PLACE OF DEATH (C)	heck only o	one)			
EXAMINER?		HOSPITAL:	D/Outputs	a DOA	OTHER:						
1 YES 2 NO		28a, DATE OF IP		28b. TIME		ioma 5 Raaldenca		SCRIBE HOW	NILIDY OCC	TIBEO	
	Pending	(Month, Day		INJU	JRY	WORK?	200. DE	SOURCE HOW	MJON1 OCC	JONED	
2 Accident	Investigation	NA.				YES 2 NO					
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF building, at		At home, farm, at	treet, factory, o	offica	26f, LO	CATION (Street y or Town, State)	and Number	or Rural	Route Number,
Thomselde	detailined										
29a. CERTIFIER 1 CER	TIFYING PHYSI	CIAN: To the best of m	y knowledg	e, death occurre	d at the time,	data and place, and due	a to the c	suse(a) and me	nner aa stat	ed.	
one)	ICAL EXAMINE	R: On the basia of axa	mination an	d/or investigation	ı, in my opinio	n, death occured at the	n time, da	ta and place, a	nd due to th	e cause(a) and manner as stated.
29b. SIGNADANE AND TITE	E OF QUATIFIER	1				29c. LICENSE NU	MAFR		29d, DATE	F SIGNED	(Month, Day, Year)
10 1	00	0	14.0			11055	- 11		D 7	7/5	19 h
30. RIME AND ADDRESS O	E DEDOON HO	O COMBI ETER CALLO	OS OFF	(ITEM AT CT	(Drint)	U			-		
				2	rimi)	NIVERSITY	16-	0 0			- MA
Dr. Rober		vson De	PT	RAD O	UC 11	WINERSITY	KIOSI	Y, KA	LTIM	YOR	וגוג עויום
31. DATE FILED (Month, Day,	Year)	Wall Balleton	BENEFE	RE		,		, -			
ITHE 0.5 1490	7		•	-							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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HOSPI	FUNEF	within	TANT
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5	2	be f	E

	1 - STATE REGISTRAR CI	ERTIF	ICATE OF	DEATH	MENIAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) (GRACE LOI				2. DATE OF DEATH MONTH D.	AY YE	AR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. los $218-16-1565A$ $1 \square$ M $2 \square$ F 80	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year) 08-16-0	9 6. 8	BIRTHPLACE (State or Foreign MD		
OR	99. FACILITY NAME (If not Institution, give street and number) MERCY HOSP.			MORE, N		9c. COUNTY	OF DEATH		
DIRECTOR	100. STATE 10b. COUNTY MD		Y, TOWN OR LOCA	E, CITY	<u> </u>	10d. INS V.LIM 1 7 YE			
FUNERAL	100. STREET AND NUMBER 5900 PARK HEIGHTS AVE.		10	21215	OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 2 Merried 3 Widowed 4 Divorced		If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: BLACK		
PILED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Other in the control of the cont								
	17. FATHER'S NAME (First, Middle, Last) JAMES REVELS				ME (First, Middle, Maiden	Surname)			
O					Route Number, City or Tow				
	1 N Buriel 2 Cremetion 3 Removal from State other pl		RD COUN	TY CEME	TERY F	ALSTO	or Town, State N , MD .		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			MARCI	4	.01 E.	NORTH AVE.		
	23. PART I. Enter the diseases, or complications that caused the deshock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (ON AS A CONSE	1.		oda of dylng, suc	ch as cardiac or resp	iratory srrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	OUENCE O	OF):				-		
MEDICAL C	PART ti. Other significant conditions contributing to death but not	resulting	in the underlying	g cause given in	Part I. 24a, WAS AP PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 9 1 1 1 1 1 1 1 1	B 🗆 DOA	OTHER:	LACE OF DEATH (Ci	neck only one) 6 Other (Specify)				
ву рну	27. MANNER OF DEATH 1	28b. TIN	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCCUR	ED		
ETED E	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm,	street, factory, offi	00	261. LOCATION (Street City or Town, State		Bural Route Number,		
COMPL	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, do not be base of examination and/or						suse(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITUE OF CERTIFIER CLIMEN MA			29c, LICENSE NU	MBSA	29d. DATE SI	GNED (Moritri, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type	+ Paul	Balt	MD 21	202	•		
	LJUL 5 - 100 Leiden Rober					-	DHMH-18 Rev 1/88		



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

tending physician.	and the bunial-transit permit. Pages 1, 2, 3 should	Office		
- Hours after death. Page 6 may be retained by the hospital or a	filled in by the funeral director, page 5 should be detached for us	ion, of removal.	the medical examiner must be notified at once	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within S. nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by use a unia-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or either traumatic event, the medical examiner must be notified at ence	
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after deat	IMPORTANT: If Item 28 is m	

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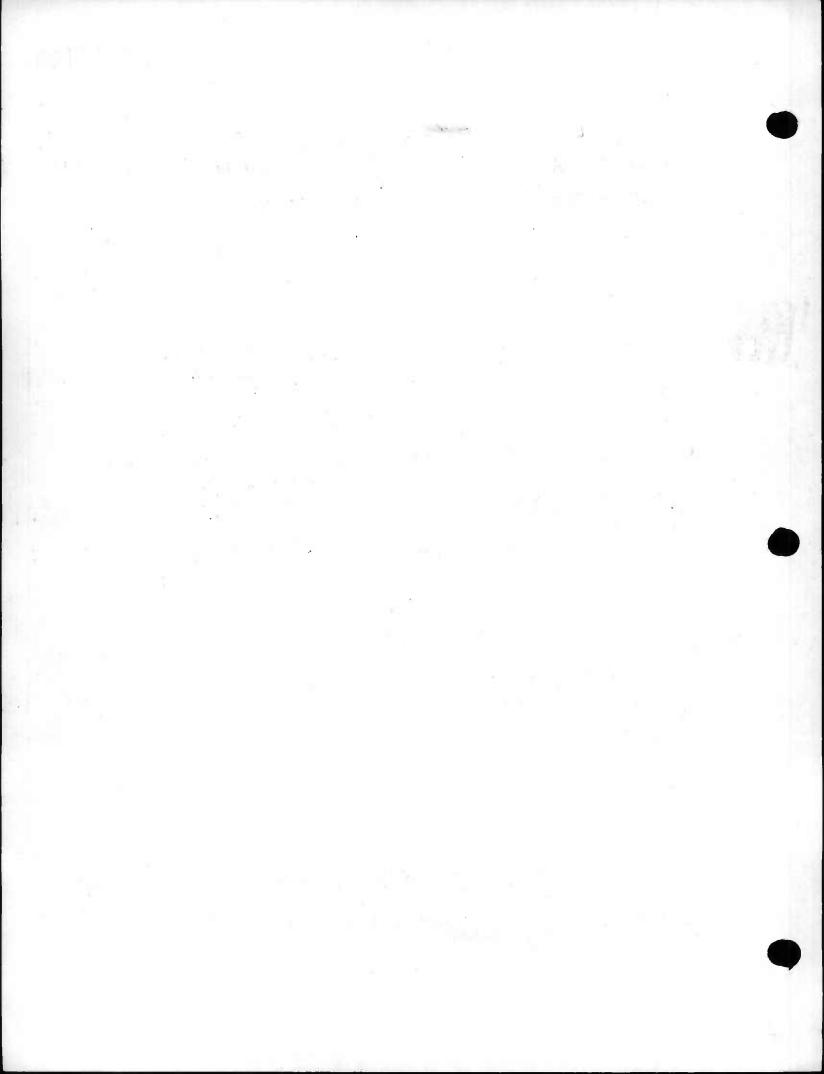
22. REGISTRADES SIGNATURES

	FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTA	L HYGIEN REG. NO.	E			
	1. OECEOENT'S NAME (First, Agn		laide Al	ban						2. DATE	OF OEATH	199	28)	3. TIME OF DEATH	М
	4. SOCIAL SECURITY NUME 215 09 1634		5. SEX	6. AGE (In yrs. 90	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	Jan	of BIRTH	00	6. BIRTI Count	NPLACE (State or Foreign	n
E CH	9a. FACILITY NAME (If not in 532 Win	dwood				9b. CITY,		alti				9c. COUN Bal		DEATH	
FUNERAL DIRECTOR	Md.	10b. COUNTY	ltimore		10e. CITY	r, town o		more						10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
ENAL	100. STREET AND NUMBER 532 Wir	100. STREET AND NUMBER 532 Windwood Road 101. ZIP CODE 21212 US													
S C									E — American Indian, ck, White, etc. city: TE						
	(Specify only	15. DECEDENT'S EQUICATION (Specify only highest grade completed) 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY													
DE COMME	17. FATNER'S NAME (First, M. JOS	seph Last)	ange								Middle, Maiden Streb	Surname)			
2	Mr. Denis		7_		196. MAILING 302	AOORESS King	s (Street i	nd Ro	or Rural ad	Route Num Bal	timore	n, State, Zip Md.	Code)	21229	
	20a. METHOO OF DISPOSIT 1 Burlel 2X Cremetic 4 Donetion 5 Other	on 3 🗆 Remo	oval from State	20b. PLA	ce of dispos	unt	me of cen	metery, cres	matory or			cation — c altim		own, State , Md .	
	21. SIGNATURE OF TUNERA		codes codes (8	ey, J							LD HOM Baltim			21212	
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	List only one ce	Covered the	10 D		the mo	ode of dy	ing, suc	ch as car	rdiac or respi	ratory arr	est,	Approximate interval Betwood and De	
	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	diate ING	D	OR AS A CON											
CENTIFICATION	that initiated events resulting in death) LAS	я (d	OR AS A CON	SECUENCE OF	-):									
WEST COL	PART II. Other significa	ant condition	a contributing to	death but no	ot resulting i	n the un	derlyin	g cause	givan Ir	Part I.	24a, WAS AN PERFOR 1 YES 2	RMED?	241	b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
	25. WAS CASE REFERRED T	O MEOICAL	HOSPITAL:			OTHE		LACE OF	EATH (C	heck only o	one)				
. I Color		Pending	25s. DATE Of (Month, i		26b. TIM	4 - Nur	28c. IN. W	JURY AT ORK?	esidence NO	T	er (Specify) ESCRIBE NOW I	NJURY OCC	CURED		
	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28e. PLACE (building	OF INJURY A	t home, farm, s	street, fact	ory, offic	20			CATION (Street of or Town, State)		or Rural	Route Number,	
COMPLET	onal 1	,	CIAN: To the best of											(a) and menner ee state	d.
4	290. SIGNATURE AND TITLE	or cernific	Too To	an	int	di	in	200-110	ENSE NU	моен 292	383	EDL DATE	1/U	3,199	0
2	10. HAME AND ADDRESS D	F PERSON WAR	O COMPLETES CAL	HE OF DEATH	TTEM 27 /Type	M /	0	-7	50	1	2hh	Ro	11:	Tourson	, 2

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 24 hours after death. Page 6 may be retained by 🐃 has	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be seemen		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onta.
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ALTIM	death. Pag	funeral dir		xaminer
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	hours	u pa	00	med
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146,	ted with	complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	event,
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	quires	in signe	" Healt	nows a
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. OECEDENT'S NAME (First, Middle, Last) CHARLOT	TE s, ARZ	7	2. DATE OF OEATH MONTH DAY	9 YEAR 3. TIM	3 P M				
		SEX 6. AGE (In yrs. lest birthd	MONTHS DAYS MOURS MIN	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE Country)					
	234-44-70961 9a. FACILITY NAME (If not institution, give street	Λ	95 CITY TOWN OR LOCATION OF D	1.29.25	9c. COUNTY OF DEATH	LAND				
OR	LEVINDALE RALTIMORE									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATION			NSIDE CITY				
	MARYLAND BAL	TIMORE	OWINGS MILLS			IMITS? YES 2 NO				
FUNERAL	100. STREET AND NUMBER 126 HARRY LA., AP	101. ZIP COOE 2111	101. ZIP COOE 10g. CITIZ							
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	13. WAS OECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	nn, Puerto Rican, etc.)	Black, White	vicen Indian, tc. VHITE					
TED	15. DECEDENT'S EOUCAT (Specify only highest grade con		IT'S USUAL OCCUPATION I of work done during most of working IT use retired.)	16b. KIND OF BUSH	NESS/INOUSTRY					
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	TEACHER	ED	UCATION					
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) ROBERT SHAPIRO	4	18. MOTHER'S NA	ME (First, Middle, Maiden S HER UNKNOWN	umame)					
TO BE	198. INFORMANT'S NAME (Type/Print) MR. SAMUEL ARZT	19b. MAIL 126	HARRY LA., APT.	Route Number, City or Town, C OWINGS M	State, Zip Code) ILES, MD 21	1117				
	20a. METHOD OF DISPOSITION 1 Purial 2 Cremation 3 Ramova	20b. PLACE OF DIS	POSITION (Name of cemetery, crematory or	20c. LOC	ATION City or Town, Sta	rte				
	4 Donation 5 Other (Specify)		ORE HEBREW 22. NAME AND ADDRESS OF FA		STERSTOWN,	MD				
	12/2	S	SOL LEVINSO	N & BROS.,						
	23 PART I. Enter the diseases, or con	nplications that caused the death. I	6010 REISTER on not enter the mode of dying, aud			21215 Approximata				
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition a CANCER LUNG WITH METASTASIS									
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, laading to immediate b. OUE TO (OR AS A CONSEQUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Disease or injury									
F	that initiated eventa reaulting in death) LAST									
	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
CAL	ASCVD WITH ATRIAL FIBRILLIATION PERFORMED? COMPLETION OF CAUSE									
MED	HYPOTHY ROZDISM. 1 VES 2 NO OF DEATH? 1 VES 2 NO									
N										
PHYSICIAN: MEDICAL		IOSPITAL:	26. PLACE OF DEATH (C							
HYS	1 YES 2 NO 1 27. MANNER OF DEATH	□ Inpetient 2 □ ER/Outpatient 3 □ DO 26a. DATE OF INJURY 28b.	TIME OF 28c. INJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 YES 2 NO							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
BE C	296. SIGNATURE AND TITLE OF CERTIFIER (ATTEN) ING 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
5	30. NAME AND ADDRESS OF PERSON WHO (yww PH	YSICIAN 125		6-29-	90				
	LEVENDALE 24	134 W. BELVE	RDERE AVEN	PRE BALT	IMORE MI) 21215				
	UL 0 5 1990 Jule Sa	32. REGISTAR SERVICE		,						



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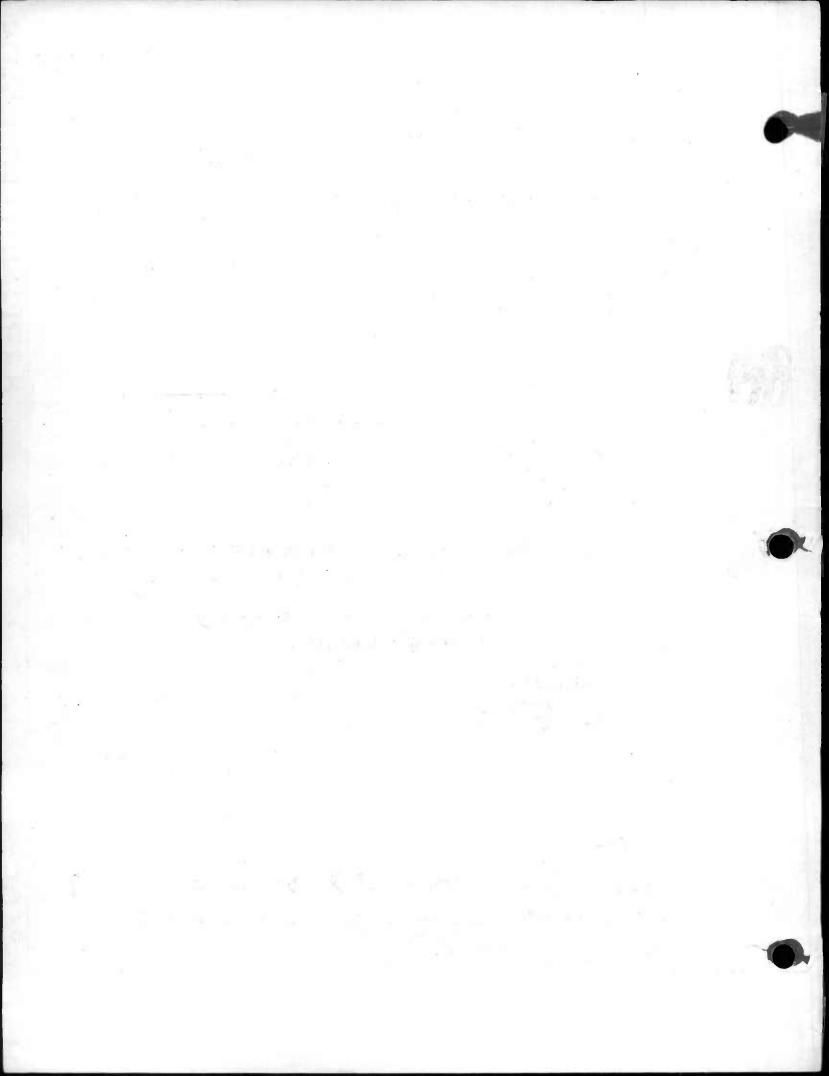
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BALTIMORE, MARYER

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	attending phys	as the burie		
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retain O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 share e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. WPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	Section 3	STATE OF THE REAL PROPERTY.	March 1	A STATE
F F A =	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT. II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified and

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last	*)	CLRIII	TOATE OF	DEAL		REG. NO.		3. TIME OF DEATH		
	MONTH DAY YEAR										
	4. SOCIAL SECURITY NUMBER	In yrs. lest birthday)				7. DATE OF BIRTH 8. BIRTHPLACE (State or Fore					
			76 YAS.	MONTHE DAVE HOURS ME			Month Day, Year) 8/2/13	"	NEW YORK		
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN O	OR LOCATIO		0/2/10	9c. COUNTY OF DEATH			
œ	BALTIMORE COUNTY GEN. HOSP.					BALTIMORE					
16	RESIDENCE OF DECEDENT			RANDALLSTOWN BALTIMORE							
DIRECTOR	10e. STATE 10b. COUN	TY	10c. C/1	10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS?							
ā	MARYLAND			BALTIMO	ORE		1 X YES 2 NO				
AL	10e. STREET AND NUMBER			101. ZIP CODE					N OF WHAT COUNTRY?		
E	5 COBBLESTONE CT., APT. 2A			21215					USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES									
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 XNO		in to thour, etc.)		Specify: WHITE		
COMPLETED	15. DECEDENT'S ED (Specify only highest gree	de completed)	(Give kind of	S USUAL OCCUPATE work done during mo ise retired.)	ON est of working	,	16b. KIND OF BUS	BINESS/INDUS	STRY		
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		HOUSEWIF			7.07	HOME			
W	17. FATHER'S NAME (First, Middle, Last)	4		HOOSEWIF		ED'S NAME (First, Middle, Maiden				
	BARNET GREE	MIDEDC			IO. MOTH				Friedlob		
BE	19a, INFORMANT'S NAME (Type/Print)	INDERG	195. MAILIN	G ADDRESS (Street a	and Number o						
욘	NORMAN J. ABRAM	IS	5 CO	BBLESTON	E CT.	, APT	Number City or Town	JO,.	MD 21215		
	20e. METHOD OF DISPOSITION	201	. PLACE OF DISPO	SITION (Name of cer	metery, crems	etory or	20c. LO	CATION CH	ly or Town, Stata		
	15 Burlisi 2 Cremation 3 Removal from State 4 Donation 6 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MD										
	21, SIGNATURE OF PONERAL SERVICE L	LICENSEE		22. NAME AI	NO ADDRES	S OF FACILIT	Υ		270		
	SOL LEVINSON & BROS., INC.										
6010 REISTERSTOWN RD. BALTO., MD											
	ahock, or heert failura	a. List only one cause on a	ach lina.	not unter the me	oc or cyn	ig, scoll co	columbo of teeps	ratory arres	Interval Between Onset and Death		
	I IMMEDIATE CAOSE (Fille)										
	reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):										
_	disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
0	Sequentially list conditions, if any, leeding to immediata										
8	cause. Entar UNDERLYING CAUSE (Disease or injury	a DiA	BET	53	1	AS	CND				
E	that initiated events	DUE TO (OR AS	CONSEQUENCE	. ,.				-			
CERTIFICATION	reaulting in daeth) LAST	d. 4	tren	TENS	010	7					
	PART II. Other significant condition	ons contributing to death i	out not reaulting	in the underlyin	g cause g	Iven in Pari	I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CAL	VICOSEPC (C										
0	OF DEATH?										
Σ	1 VES D'NO										
A	25. WAS CASE REFERRED TO MEDICAL	7	~ ~ ~ /	26. P	LACE OF DE	ATH (Check o	only one)				
Sic	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:							
PHYSICIAN: MED	27. MANNER OF DEATH	28a. DATE OF INJURY	26b, Tf	ME OF 28c. IN.	JURY AT		d. DESCRIBE HOW I	NJURY OCCU	PRED		
۵	1 Natural 5 Pending Investigation	(Month, Day, Year)	- 11		YES 2	NO	.				
BY	2 Accident investigation 3 Suicide 6 Could not b	28a. PLACE OF INJURY		street, factory, offic	:0	261	LOCATION (Street	end Number of	r Rural Route Number,		
TED	4 Homicide determined	building, etc. (Spe	city				City or Town, State)	_			
Ä	290. CERTIFIER	/SICIAN: To the best of my know	riedge, death occur	red at the time, date	and place.	end due to ti	he cause(a) end mer	oner ee stated	1		
COMPLET	(oneon only	NER: On the basis of examination									
	29b. SIGNATURE, AND TITLE OF CURTIF		-0	1		NSE NUMBER			SIGNED (Month, Day, Year)		
BE	House	- 13 -	(de	- u-)	1	0.51	680	>	7/1/90		
임	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DI	ATH (ITEM 27) (Typ	e, Print)					1 1		
	6717 PARK HELEHTS AVE - 21215										
	31. DATE FILED (Month, Day, Year) JUL () 3 1990	32. REGISTRAN'S SIGN	TO TO SE								



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within emburs	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rer	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi

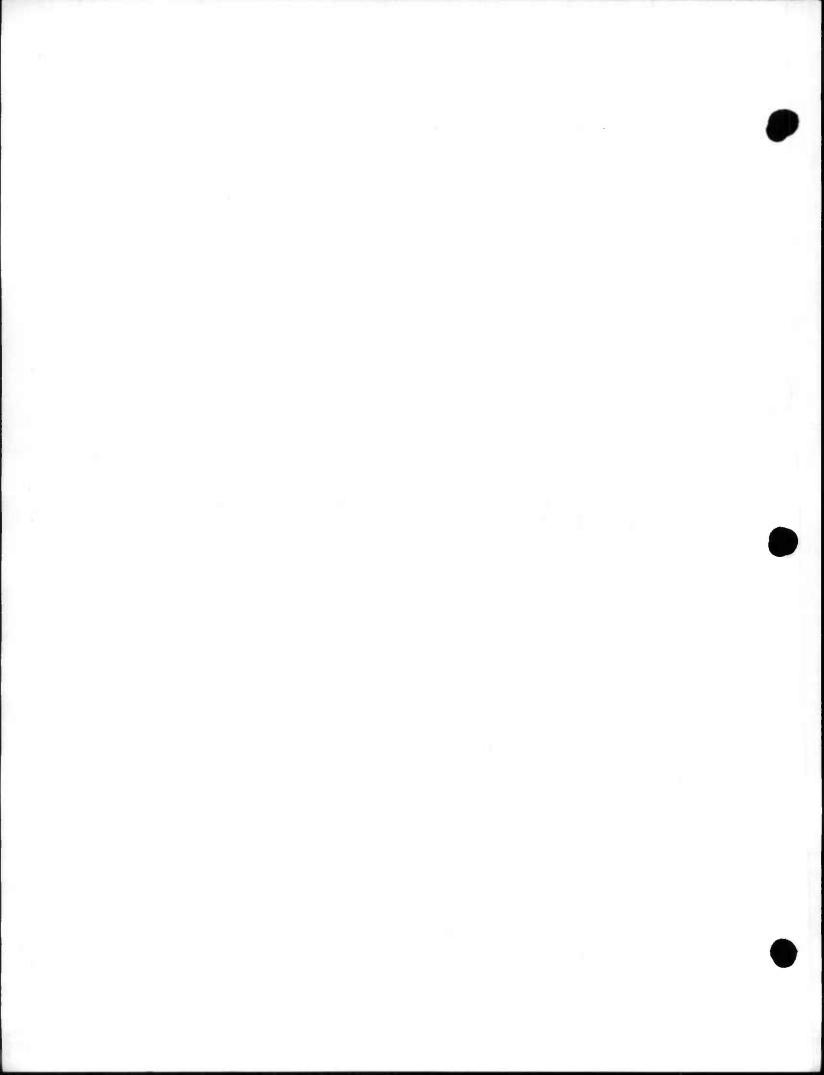
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 9 PEAR THO MAS H 10 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 7-28-06 218-07-1980 1 🕅 M 2 🗆 F 83 YRS. VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MO BALTIRAE PLEASANT MANOR A.H DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? MARYLAND CITY 1 YES 2 | NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? MD 2/2/5 USK HOME PLEASANT MANOR NURSING ALT0 12. WAS DECEDENT EVER IN U.S. & RMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: BLACK В 3 Widowed 4 Divorced 1941 1941 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16h. KIND OF BUSINESS/INDUSTR (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) OLLIE ALLEN JENNY ALLEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ANNIE E. WHITEHURST 701 EASY ST., NORFOLK, VA 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 X Buriat 2 Cremation 3 Ramoval from State
4 Donation 6 Other (Specify) GARRISON FOREST CEMETERY OWINGS MILL, MD 21. SIGNATURE OF BUNERAL SERVICE LICENSE 2. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 51 21. PART I. Enter the diseases, or complications that caused the death. Do not antar tha mode of dying, such as cerdiec or respiratory errest, shock, or heart is lure. List only one cause on each line. Approximate Intarval Batween IMMEDIATE CAUSE (Final MYOCARDIAL INFARCTION disease or condition reaulting in death) 4 MS ARTERIOSCIEROTIC HEART DISEASE CERTIFICATION Sequentielly ilat conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL PERIPHERAL VASCULAR DISEASE & DILATERAL
ABOUT KNOE AMOUTH TOU

CHRONIL OF STRUCTIVE LUNG DISEASE SEVELE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO В 2 Accident 26e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 🗌 Homicide 29a, CERTIFIER 1 📈 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as atteted. 296. SIGNATURE AND TITLE OF CERTIFIER

MANNEL LEVIN. 29c. LICENSE NUMBER D 0 5 4 22 29d. DATE SIGNED (Month, Day, Year) H ► 6/28/90 MD. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AND HOLL LEVIN MD 6101 PARK HOTS AVE 31. DATE FILED (Month, Day, Year) July Jan 132 REGISTRAD SHAPE



BALTIMORE, MARYLAND 21203-3146

ed within amounts after death. Page 6 may be retained by the hospital or atter	ompletely filled in by the funeral director, page 5 should be detached for use as al., cremation, or removal.	event, the medical examiner must be notifled at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF N	IARYLAND C	DEPAR	RTMENT	OF H	EALTH DEAT	AND I		YGIENE	Ē			
	1. DECEOENT'S NAME (First, Middle, Last)								'2. DATE OF				3. TIME OF DEA	TH
	Mildred	Hettie l	Baker						MONTH	DA	19	90	0825	м
	4. SOCIAL SECURITY NUMBER	5. SEX				IF UNDER	24 HRS	7. OATE OF	BIRTH /	, 		PLACE (State or F		
	214-82-8293	1 □ M 2 🔀 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di	ly, Year)		Country)	
			74	,,,,,,						0/15			Md.	
-	9e. FACILITY NAME (If not institution, give street end number)				96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DE						- 1			
l Ö	Peninsula General Hospital Salisbury, MD Wicomio							птсо						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY						v -			
<u>E</u>	Md. Worcester			Berlin							LIMITS?			
	10e. STREET AND NUMBER	cester		Т	errr		ZIP CODE				10a CIT	IZEN OF W	HAT COUNTRY?	NO
A A	Total Colored	II.				101.		811			log. Of	USA		- 1
FUNERAL	8831 Worcester				1									
E	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	YES 2.X	NO NO	13. V	WAS DECI If yes, spe	ENDENT Cooling	F HISPAN n, Mexica	NIC ORIGIN? (S In, Puerto Rica	pecify Yee n, etc.)	or No —	14. RACE Black	- American Ind While, etc.	len,
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YES	2 X) NO	Specify	jy:			Specif	w White	
	15. DECEOENT'S EDU	CATION	100.0	ECEDENT'S	I I OC	COLIDATIO	14.1		del Mil	ND OF BUS	INCES (IN	DUETRY		
12	(Specify only highest grade	completed)	S	Give kind of fe. Do NOT u	work done a	during mos	at of working	g	18D, KII	ND OF BUS	INESS/INL	DUSTRY		
	Elementery/Secondery (0-12)	College (1-4 or 5 -	.)		sewii	fe				Home	make	r		
COMPLETED	6 YIS. 17. FATHER'S NAME (First, Middle, Last)				00111				ME (First, Midd					
		ittinahar							nia Le					
HH HH	Francis Noah Br	ILLINGHAL								-				
2	19e. INFORMANT'S NAME (Type/Print)		1						Aoute Number,				010/0	
	Hazel Warren								Осе					
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE other p	E OF DISPO					1.			City or Ton		
	4 Donation 5 Other (Specify)			Su	nset							n, Mo		
	21. SIGNATURE OF FUNERAL MERVICE LI	CENSEE			22. 1	NAME AN	ID ADDRE	SS OF FA	DU	irbag	e Fu	neral	L Home	
	1. Line	Buchas							I C	08 Wi erlin	IIIa Md	ms St	811	
	23. PART I. Entar the diseases, or			leath. Do	not antar	tha mo	da of dv	na. suc					Approxin	nata
	shock, or haart fallure.	List only one cau	ise on aach lin	na.				31				7543	Interval I	Batwaan
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Condition unous 4 vivid						_		Oliset an	d Deadi					
	reaulting in death)		(OR AS A CONS			4		40	رامع	<u> </u>			-	100
		DOE 10	(ON AS A CONS	EODENCE	re j.								i	
CERTIFICATION	Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
ATI	if any, leading to immediate cause. Enter UNDERLYING	332 13	(or no A conta	LOGENOL C	. ,.								İ	
윤	CAUSE (Disease or Injury that Initiated events	c. OUE TO	(OR AS A CONS	EOUENCE O	F):								+	-
E	resulting in death) LAST	-											ļ	
. 8	d.													
A	PART II. Other significant condition	ns contributing to	death but not	reaulting	In the un	ndarlying	cause !	given in	Part I. 24	e. WAS AN		24b.	WERE AUTOPSY	
MEDICAL									1	YES 2			COMPLETION OF OF DEATH?	
ij													1 YES 2	NO
												- 1		
₹ 	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF C	EATH (Ch	heck only one)					
SICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetlent	3 DOA	OTHER		• 5 □ R	eldence	8 Other (S	neclfv)				
PHY	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TII	ME OF	28c, INJ	URY AT	olderios.	28d. DESCR		NJURY OC	CURED		
	1 Natural 5 Pending	(Month, E	lay, Year)	IN	JURY M		RK7 (ES 2	NO						
ВУ	2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE C	F INJURY — At I	home, ferm,	street, fact	tory, office			28f. LOCATIO	ON (Street a	ind Numbe	er or Rural R	loute Number,	
5 Could not be building, etc. (Specify) 4 Homicide determined									City or 1	own, State)				
	29a. CERTIFIER CEPTIEVING PHYS	CIAN: To the best of	mu knowie de	doub		lana dar	and of			·	MILLES .	els el		
Success 6 Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end placa, and due to the cause(s) and manner as stated.							and menner	stated						
BE	296. RIGNATURE AND TITLE OF CERTIFIE	7						ENSE NU			29d. DAT		(Month, Day, Year)
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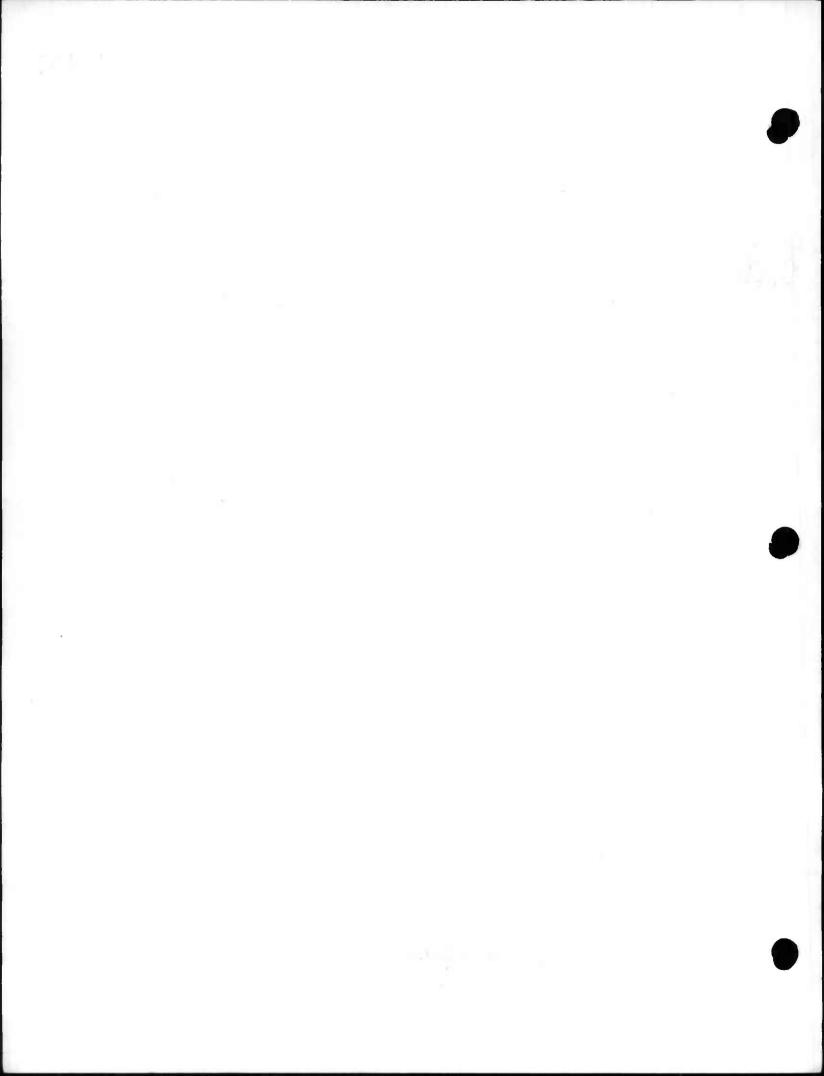
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examining many	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 10 00 BERGER HERBERT 8. BIRTHPLACE (Styles or Foreign A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 10/12/12 DAYS HOURS MARYLAND 212-05-9344 1 X M 2 - F 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE DIRECTOR GOOD SAMARITAN HOSP. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE 1 XYES 2 NO MARYLAND -FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21209 USA 6225 GREENSPRING AVE. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian, Black, Whits, stc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI If yes, specify Cuban, Mexican, Puerto Rican, etc.)

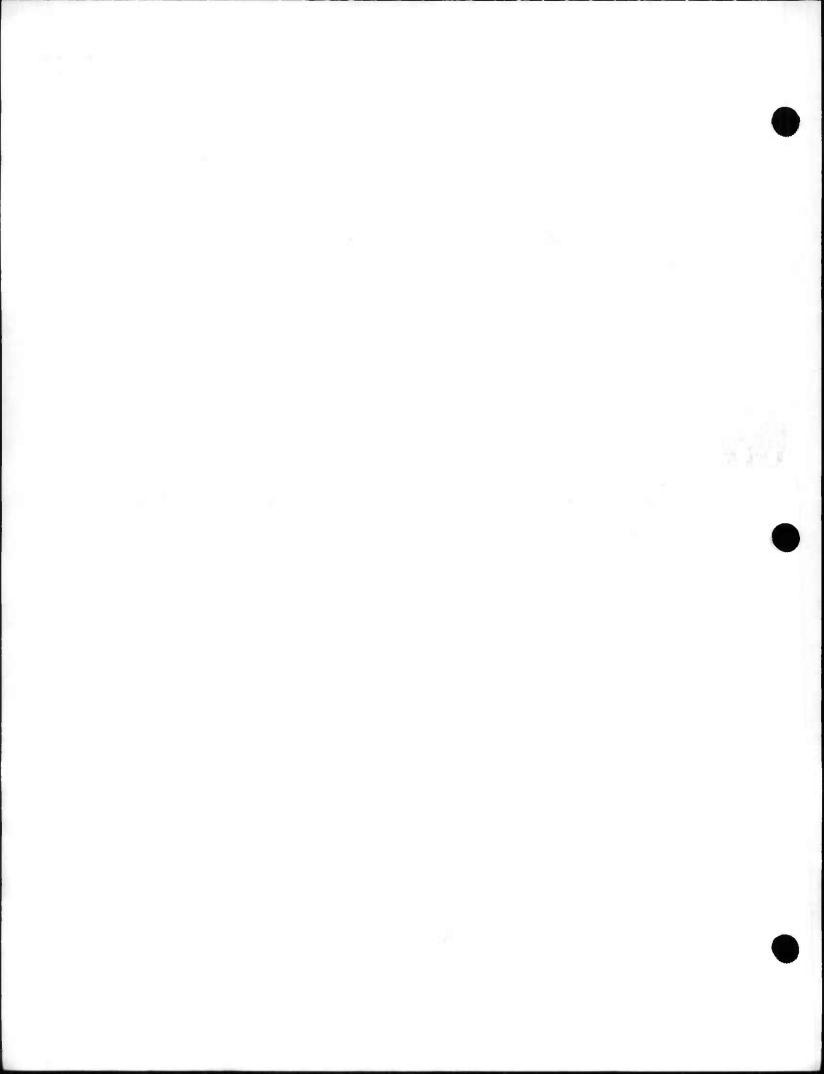
1 YES 2 NO Specify: 1 Never Merried 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 100 Specify: BΥ WHITE 3 Widowed 4 Divorced ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) OWNER COMPL REAL ESTATE 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DEBRA UNKNOWN JOSEPH BERGER BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 MRS. ESTELLE BERGER 6225 GREENSPRING AVE. BALTO., MD 21209 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20s. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State 1 XBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) ANSHE EMUNAH BALTIMORE, MD 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. de 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART Legier the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate tk, or haart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE DATISE (Final disease or condition month reauiting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING narul CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 TES 2 THO OF DEATH? 1 TYES 2 WHO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one. HOSPITAL: OTHER: 1 TES 2 NO nt 2 - ER/Outpetient 3 - DOA me 5 Residence 8 Other (Specify) 28a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be 4 Homicide 29s. CERTIFIER 1 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL 2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Mogth, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER ARIDA

RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

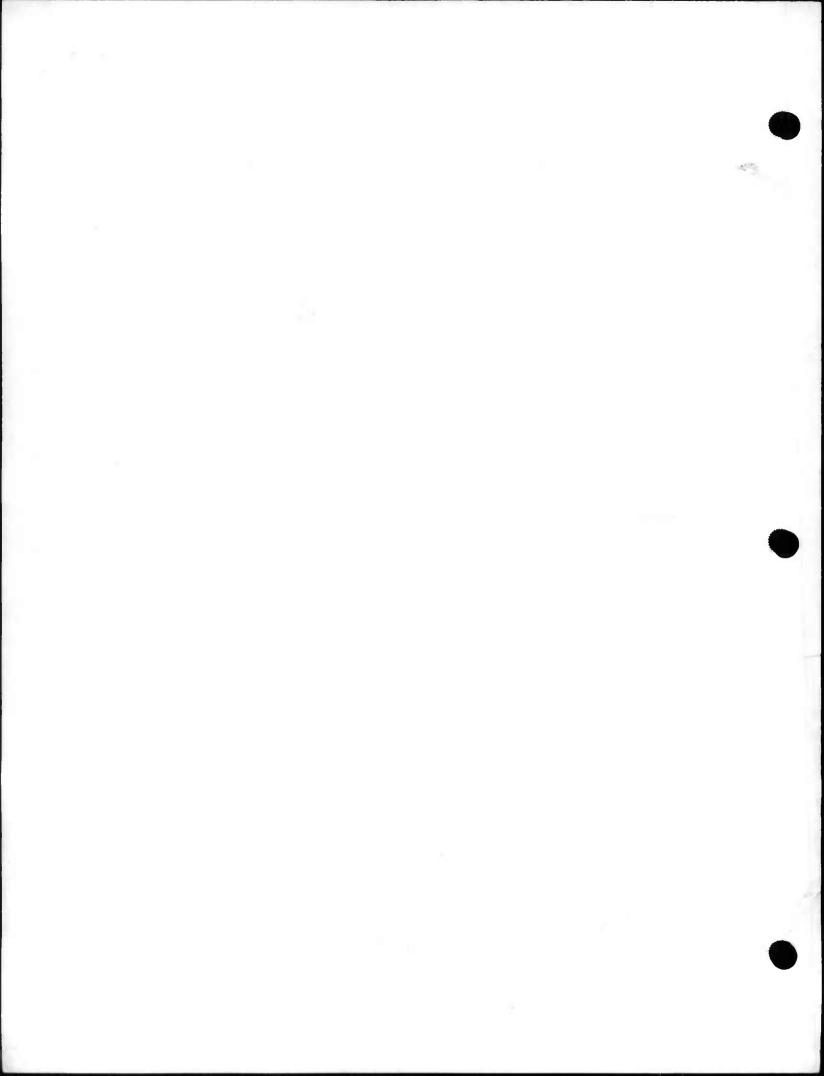
32. REGISTRADIS SIGNATUR

DHMH-16 Rev 1/89

5601 Lock Raven Blr



	FOR STATE REGISTRAR	STATE OF MARYLAN		IT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
,	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM LEE B	AXTER			2. DATE OF DEATH DAY	3. TIME OF DEATH 8. ZOA M				
	4. SOCIAL SECURITY NUMBER 531-26 692	10 M 2 □ F 62	YRS. MONTHS		7. DATE OF BIRTH (Mogth, Day, Year)	6. BIRTHPLACE (State or Foreign Country) WHALE VIC				
OB	99. FACILITY NAME (If not institution, give street and number) UNION MEMORIAL HOSPITAL 9b. CITY, TOWN OR LOCATION OF GEATH BALTIMORE, CITY 9c. COUNTY OF DEATH BALTIMORE,									
RAL DIRECTOR	10e. STREET AND NUMBER	n Bonz	10c. CITY, TOWN	OR LOCATION Welterus 101. ZIP CODE	e ma	10d. INSIDE CITY LIMITS? 1 VES 2 NO TIZEN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	10. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	ENO /	3. WAS DECENDENT OF HISPAN If yes, specify Cubage Mexico	NIC ORIGIN? (Specify Yes or No— in, Puerto Rican, etc.)	14. RACE — American Indian, practy White, atc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only blekest grade Elementary/Seconder (0-12)		a. DECEDENT'S USUAL (Give kind of work don life. Do NOT user gettred	e during most of working	16b. KIND OF BUSINESS/IN	NDUSTRY				
TO BE CO	17. FATNER'S NAME (First), Middle, Lest) 190. INFORMANT'S NAME (Fype/Print)	w Breter	19b. MAILING ADORE	Eva	ME (First, Middle, Melden Surname) Poul h Poule Number, City or Town, State, 2	chersh 2				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remu 4 Donation 5 Other (Specify)		ACE OF DISPOSITION (Name of cumulage, cremitary or	20c. LOCATION -	JOHN OF TOWN, State Ty (Wy (Dhase)				
	21. SIGNATURE OF THE BALL SERVICE LIC	In Co	impra)	2. NAME AND ADDRESS OF FA	W North	The 212/6				
	23. PART I. Enter the diseases, or o shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Liet only one ceuse on each	ALL CEL		as cardiac or reapiratory a	Interval Between				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other aignificant condition	FAILUR		underlying cause given in	Part I. 24a. WAS AN AUTOPE PERFORMED?	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ILMO				
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		26. PLACE OF DEATH (C/	neck only one)					
HYSI	1 TYES 2 THE 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	OTH 4 DOA 4 DA		Residence 6 Uther (Specify) 28d. DESCRIBE NOW INJURY OCCURED					
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	м	1 YES 2 NO	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	one)				time, date end place, end due to	stated, the ceuse(e) end menner ee stated,				
TO BE C	30-SAGNATURE AND TITLE OF CERTIFIES	Evelin	H (ITEM 27) (Fura Print)	29c. LICENSE NU	MBER 29d. D.	T Z 9 C)				
		TO PREGISTARYS SIGNATI	5444	f Relain	Pd Em	T MD 21206				



V								(30 18110									
`		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	HEALTH AND N	MENTAL HYGIEN											
		1. DECEDENT'S NAME (First, Middle, Last)	Mary J	(CONRAD		JUTY 5,	1 990 YE	3. TIME OF DEATH 4:25 a m									
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	yrs. last birthday) YRS.	IF UHDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)									
2, 3 should	стов	9a. FACILITY NAME (If not Institution, give str FRANKLIN SQUA	- //		96. CITY, TOWN O	OR LOCATION OF DE		9c. COUNTY	ore County									
permit. Pages 1,	DIRECT	100. STATE 106. COUNTY BAL	To.		ALTO	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO									
	A	100. STREET AND NUMBER 1037 SUMPTER	4			21237		10g. CITIZEN	OF WHAT COUNTRY?									
physician.	FUNER	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPAN pacify Cuben, Maxice 3 2 NO Specify			RACE — American Indian, Black, White, etc. Specify: WHITE									
LN	SIETED.	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of wille. Do NOT use	rork done during me e retired.)		18b. KIND OF BI	JSINESS/INDUST										
by the hosp	E COM	17. FATHER'S NAME (First, Middle, Last) JOHN SEHS		771-01			ME (First, Middle, Melde ERINE S	ourname)	, or m									
e 5 should notified	TO B	JOHN GEORGE	ONRAD	19b. MAILING	ADDRESS (Street	A .	BALTO.	wn, State, Zip Coo	-0.00									
age 6 may be director, page or must be a		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)		PLACE OF DISPOS	-	Metery, crematory or	B. 20c. L	ALTO .	or Town, State									
deuth. P tuneral examin		21. SIGNATURE OF ELL BERAL SERVICE LIC	ENSEE	<u>.</u>	CV A	ND ADDRESS OF FA	lab FA.	lan C	21237 ho. 400 the									
within secons after operation in by the cremation, or remove vent, the medical		ahock, or heart fallure. I IMMEDIATE CAUSE (Final	pmplications that caused List only one cause on eat. Renal Failur DUE TO (OR AS A	ich iina.		/-			interval Between Onset and Death									
Do Lo	_	resulting in death)	Exacerbated					· u · i u · c										
ificate be execut physician and cone one prior to burial her traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury																
th cert ending if Hygle or ot	CERTIFI	that initiated evanta resulting in death) LAST d.																
that the od by the h and Me	MEDICAL C	PART II. Other significant condition	a contributing to death be	ut not resulting i	in the underlyin	ng cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED? 2XXNO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
S									1 TYES 2 NO									
SICIAN: The law certificate has the State Dep 1, or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	atlent 3 DOA	OTHER:	PLACE OF DEATH (Ch												
NG PHYSICIA fter this certi eath with the marked, or	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED									
TTENDI CTOR: A after d	B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,									
AL DIR	COMPLET	one)	CIAN: To the best of my knowl R: On the basis of exemination						euse(e) and manner ee stated.									
TO THE HOSPITO TO THE FUNERA DE filed within 7 IMPORTANT: 1	BE	296. SIGNATURE AND TITLE OF CERTIFIER	unce M	1.A.		29c. LICENSE NUI	MBER	29d. DATE SI	IGNED (Month, Day, Year)									
	10					Dr., Bal	to., 2123	7	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Clara Bozievich, M.D. 9000 Franklin Square Dr., Balto., 21237									

FOR

1. DECEDENT'S NAME (First, Middle, L	anti	CERT	IFICAL	EOF	DEAL	The state of the s	REG NO)		224914
FRANK M. CONWA								AY Y	'EAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NIMABER LE CEY LO ADE (C.						6-28-90		Baltimore 10d. INSIDE CITY LIMITS? 1 YES X.K. NO TIZEN OF WHAT COUNTRY? USA 14. RACE - American Indian, Black, White, etc. Specify: White IDUSTRY 10	
220-16-2705	1-12-M 2 □ F	71 YR	MONTHE	7	HOURS	MIN,	7. DATE OF BIRTH (Month, Day, Year)	8.	Country	PLACE (State or Fore)
9a. FACILITY NAME (If not institution, of	7. A. A. A. A. A. A. A. A. A. A. A. A. A.									
2336 Poplar Rd. Essey							тн			
RESIDENCE OF DECEDENT				rase	X			Bal	tin	nore
10a. STATE 10b. CO		10c.	CITY, TOWN	OR LOCATI	ION					10d INSIDE CITY
Maryland	Baltimore		Ess	sex					-1	LIMITS?
10e. STREET AND NUMBER								10g. CITIZEN	-	
2336 Poplar Rd.					212	221				
11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. ARMED	13.	WAS DECE	ENDENT OF	F HISPANIC	ORIGIN? (Specify Yea	or No. 14		
1 Never Married 2 Married	tF YES, GIVE W	YES 2 NO		If yee, spe	cify Cuban	Maxican, Specify:	Puerto Ricen, etc.)	14.	Black,	White, etc.
₩Idowed 4 Divorced					2 - 110	эреспу.			Specify	White
15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)	16a. DECEDEN	IT'S USUAL C	CCUPATIO	N of supplies		16b. KIND OF BUS	INESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	,	of work done of use retired.)				l l			
) years		Cons	truct	ion F	orem	an				
17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAMI	E (First, Middle, Maiden	Surname)	No- 14. RACE — American Indian Black, Whita, etc. Specify: White ESS/INDUSTRY Dame) ON — City or Town, State timore Maryland Md. 21236 ry arrest, Approximate, Interval Bath	
Unknown				- 1	St	ella	Conway			
19a, INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	S (Street an				State Zin Cor	SINDUSTRY 24b. WERE AUTOPSY FIND ARTHUR BLAND 10d. INSIDE CITY LIMITS? 1	
Linda Bish							and the second	,	-aj	
206. METHOD OF DISPOSITION 206. METHOD OF DISPOSITION 206. PLACE OF DISPOSITION (Name of cometer), crematory or other place) 4 Denation 5 Other (Specify) 206. PLACE OF DISPOSITION (Name of cometer), crematory or other place) Cardens of Faith Cem. 206. LOCATION - City or Town, State Baltimore Maryland										
4 Donation 5 Other (Specify)	emoval from State	other place) Gri	ardens	s of	Fait	h Cer				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			NAME AND						, will J Luiiu
* Lassehw	French) Home								
	A		- 1	Lassa	ann F	uner	al Home			
23. PART I. Enter the diseases, of shock, or heart failured in the shock of the sho	or complications that re. List only one caus	coused the death D		7401	Ralo	in D	al Home d. Balto.	. Md . atory arrest,	21	Approximate Interval Bets
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Oliv DUE TO (1	coused the death. Dee on each line. tral Response out of the consequence of the conseque	airal	7401	Ralo	in D	d Dolto	e Md . atory arrest,	21	Approximate Interval Bets
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Olmo DUE TO (1) DUE TO (1) Bony	coused the death. Describe on each line.	o not enter	7401	Ralo	in D	d Dolto	<u>Md</u> .	21	Approximate Interval Bets
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C) Bony C Due to (C) Due to (C)	coused the death. De on each line. Trad Region As a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence	o not enter	7401. The mode or core	Bela of dyin Da una	ir Rig, auch of lust	d. Balto. Bacardiac or respir	atory arrest,		Approximate interval Bets Orace and E
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (C Bony C DUE TO (C	coused the death. De on each line. Trad Region As a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence	o not enter	7401. The mode or core	Bela of dyin Da una	ir Rig, auch of lust	d. Balto. Ba cardiac or respir L Loses TI I. 248. WAS AN A PERFORM	UTOPSY	24b. W	Approximate interval Bet Onact and E
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OK se Kan Dr Kent ory tog copy 7/+190 Kan

FUNERAL DIRECTOR

TO BE COMPL

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital and TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to build, cremation, or removal.

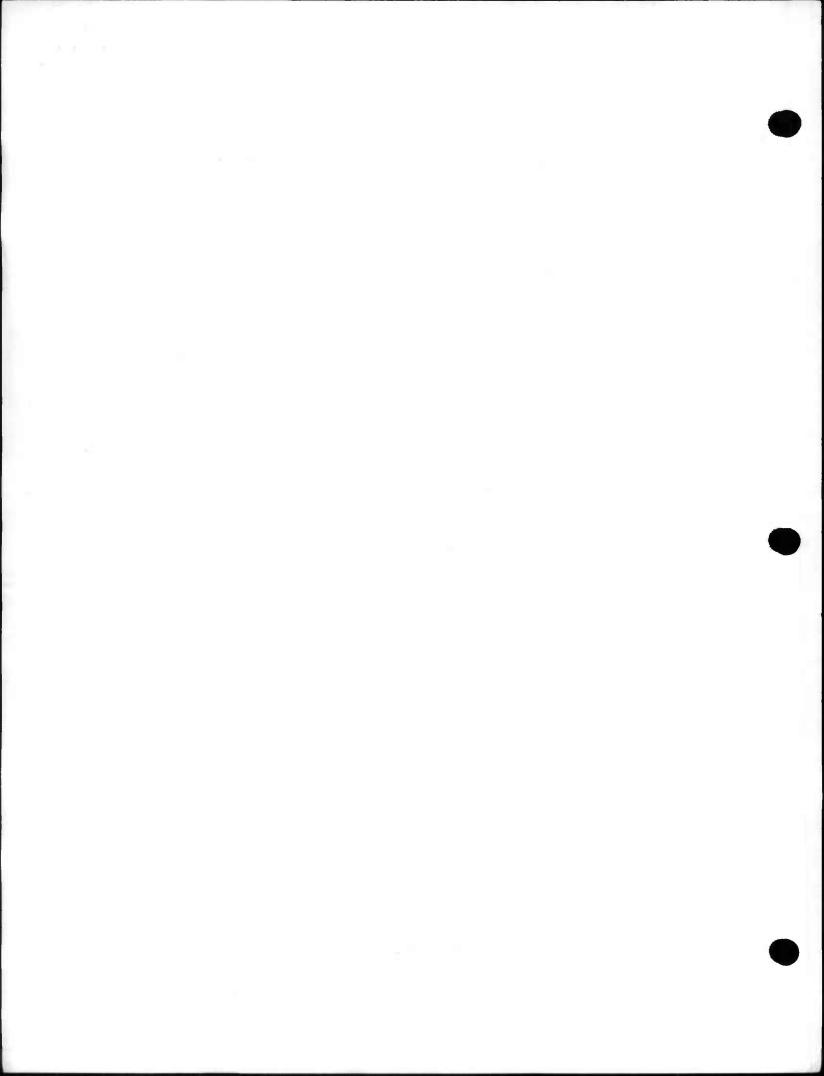
IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEM:23 per ME G-666 8-6-90 cm

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	i. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH DAY YE	3. TIME OF DEATH	
Dion Dire	on R.	Ca	arroll		7-2-9	90 "	12:03PM M	
4. SOCIAL SECURITY NUMBER	7		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	TH 8.	BIRTHPLACE (State or Foreign Country)	
214 86 3481 98. FACILITY NAME (If not Institution, give str	1 M 2 □ F 2 C	/ YRS.	ONTHS DAYS	OR LOCATION OF DE	7/25/6	52	Md.	
University Hospi				imore Cit		9c. COONTY	OF DEATH	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Md .								
	nd. Bartimore							
25.1 Rober	obert St. 101. ZIP CODE 109. CITIZEN OF WHAT USA USA							
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	I IF TES, GIVE WAR OR DATES I 1 TES 2 2 NO SOGGIV					tc.)	RACE — American Indian, Black, White, atc. Specify: Black	
15. DECEDENT'S EDUC (Specify only highest grade of		18a. DECEDENT'S US	SUAL OCCUPATION of done during me	ON modeless	16b. KIND (OF BUSINESS/INDUST		
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)	ost or working	Foo	od Servi	.ce	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
James	Anderson			Patri	icia (Carroll		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural I	Poute Number, City	or Town, State, Zip Co.	de)	
Mrs. Patrice C	arroll	1303	Slate	er Rd.	Balto.	, Md. 2	1225	
20e. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremetion 3 🗆 Remo 4 🗆 Donation 5 🗆 Other (Specify)	val trom State	b. PLACE OF DISPOSIT	ACE OF DISPOSITION (Name of cemetery, cremetory or BAlto., Mc					
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE A			ND ADDRESS OF FA	CILITY	5 6		
amesa	· mosto	1()				& Sons	o., Md. 2121	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	4100 0000		with co	omplicati	ions			
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other significant conditions	a contributing to daeth	but not reaulting in	the underlying	ng cause given in	P	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? XXXX YES 2 \(\text{NO} \) NO	
25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF OEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	me 5 🗆 Residence		(fy)		
27. MANNER OF DEATH	28e. DATE OF INJURY	29b, TIME	OF 28c, IN	JURY AT		HOW INJURY OCCUP	RED	
1 Netural 5 Pending	7-1-90 (Month, Day, Year)	3:35	RY W	ORK?		t stabbed	_	
2 Accident Investigation 3 Suicide 8 Could not be determined		Y — At home, farm, str		ce	281. LOCATION	(Street and Number or		
20- CERTIFIER								
000)	CIAN: To the best of my known. B: On the besis of examination						ceuse(e) end manner ee stated.	
286. SIGNATURE AND TITLE OF CHATTERER	Mall			29c. LICENSE NU	MBER CME	29d. DATE S ▶ 7-3	SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO MARGARITA A. KO		EATH (ITEM 27) (Type, F						
		MATURE	TTT 1	em sue	ec, Bait	imore,MD	21201 VC	
31. DATE FILED WORTH, DOY, WELL 1990	givia David	NATURE DON- Pandett						



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100	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) AThor NC 4. SOCIAL SECURITY NUMBER	DAVIS		I E DAV	I S) IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Year)	2. 9	3. TIME OF DEATH /:/5 A. M BIRTHPLACE (State or Foreign Country)				
ОВ	2/4-/2-299/ 1 M 2 X F 79 YRS. 1-08-1/ W d 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF OEATH Bal Timora											
	10a. STREET AND NUMBER		1		E, CITY	(10d. INSIGE CITY LIMITS? 1 [X] YES 2					
FUNERAL	919 N. CHESTE	12. WAS DECEDENT EVER II			21205	NIC ORIGIN? (Specify Ye	10g. CITIZEN OF WHAT COUNTRY? USA					
B	1 Never Married 2 Married 3 N Widowed 4 Divorced	FORCES? 1 YES	2 X NO ATES	If yes, spo	2 NO Specif	nn, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use DISA	ork done during mo retired.)	N st of working	16b. KIND OF BU	SINESS/INDUST	RY .				
BE CO	17. FATHER'S NAME (First, Middle, Last) HENRY BROWN				ROSE							
T0	MELVIN ROLES 1900 E. BALTIMORE STBALTIMORE, N											
	20a, METHOD OF DISPOSITION 1 X) Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of camelory, crematory or ANNE ARUND) 20c. LOCATION — City or Town, ANNE ARUND											
2.5	► Gladis	Wan	Cu					NORTH AVE				
	23. PART I. Enter the diseases, of coshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on e		6 C	APUNO		iratory arrest,	Approximate interval Between Onset end Death				
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		CONSEQUENCE OF									
CERTIF	that initiated events rasulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART II. Other significant conditions	contributing to deeth b	out not resulting in	the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICA								1 TYES 2 NO				
/SICI/		HOSPITAL: 1 Inpetient 2 ER/Out		OTHER:	ACE OF DEATH (Ci	6 Other (Specify)	OSPIC	E				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 U	YES 2 NO	28d. DEŞCRIBE HOW						
ETED	3 Suicide 8 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rumil Route Number, City or Town, State)											
COMPLETED		7	-		•	e to the cause(a) and ma	nd due to the ca	ause(e) end manner ee stated.				
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	Las Mi	Print)	29c. LICENSE NU	MBER 19	29d. DATE SI	GNED (Month, Day, Year)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	1D 90	O CAT	DD AU	t. Br	N. Y	PEEIE . 01				
	JUL 5 1990	The Davidson	Rondelle					DHMH-16 Rev 1/89				

be detached for use as the burlal-transit permit, Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mous after death. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burlai, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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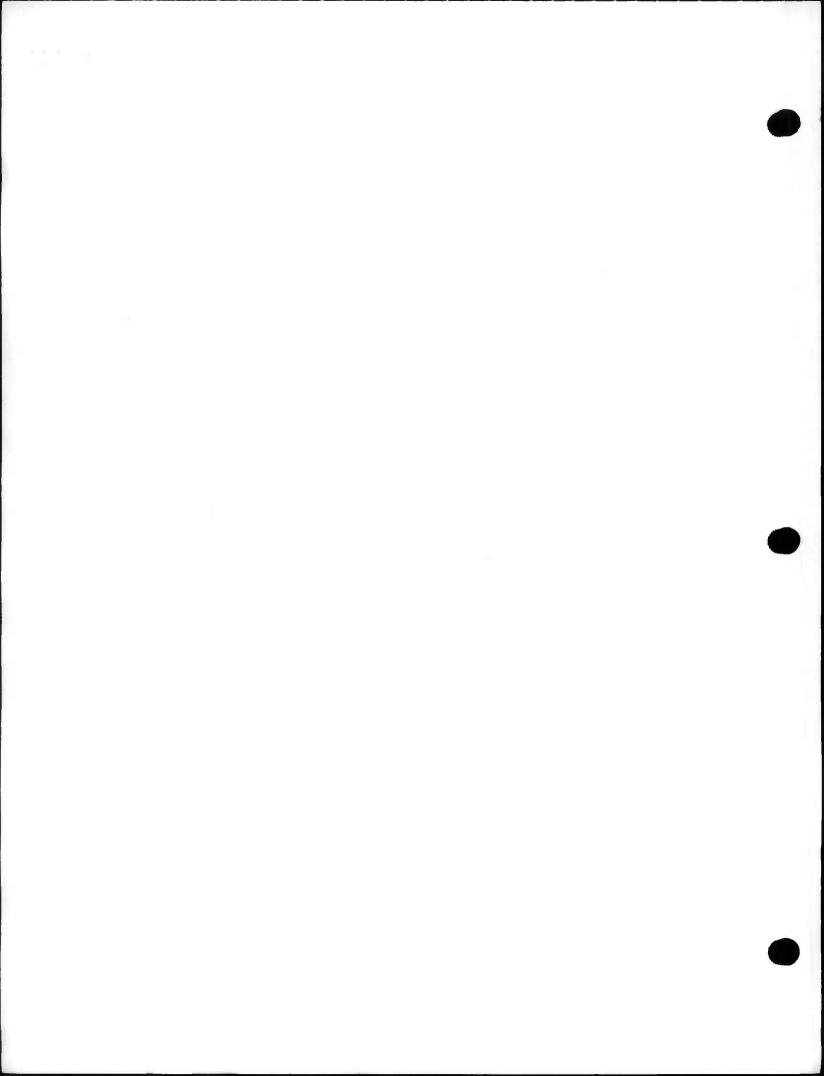
31. DATE FILED (Month, Day, Year)

	1 - FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPART				GIENE			
	1. DECEDENT'S NAME (First, Middle, Lest) PHILIP Philli	₽ R.	Dav	rid		2. DATE OF DE MONTH	EATH DAY	YEAR 3.	9:15AM M	
	4. SOCIAL SECURITY NUMBER 5. SE 1 区 1 区 1 区 1 区 1 区 1 区 1 区 1 区 1 区 1	x 6. AGE (1)	AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS NONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) 1/18/42			ARYLAND	
H D	9a. FACILITY NAME (If not institution, give street and Maryland General Ho				more City	ATH		Y OF DEAT		
DIRECTOR	100. STATE 100. COUNTY MARYLAND BALT	IMORE	10c. CITY,	10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 VNO		
FUNERAL	10e. STREET AND NUMBER 2303 MELLOW CT.			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY USA					T COUNTRY?	
à	1 Never Married 2 Married FC	AS DECEDENT EVER IN ORCES? 1 YES YES, GIVE WARFOR DA	2 NO	If yes, sp	ENDENT OF HISPANI acity Cuban, Maxican 2 NO Specify:	, Puarto Rican,		14. RACE — Black, W Specify:	American Indian, Inita, atc. WHITE	
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the complete state of	16a. DECEDENT'S U (Give kind of wo life. Do NOT use MANAGER	rk done during mo retired.)		16b. KIND	OF BUSINESS/INDU	STRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) ALBERT DAVID		18. MOTHER'S NAME (First, Middle, Maiden Surnan GERTRUDE TANN							
A COL	DAVID, PEARL, ATTY.		19b. MAILING ADDRESS (Street and Number or Rural Route 110 ST. PAUL ST., SUIT							
	20q_METHOD OF DISPOSITION 1	om Stata	Ob. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) OHEL VAKOV			20c. LOCATION — City or Town, State RALTTMORE, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	luza.		SOL		ON & BROS, INC.				
_	23. PART Enter the diseased, or conjoil shock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	Arteriose	ach line.	et antar tha mo	da of dying, auch	aa cardiac o			Approximete interval Between Onset end Daath	
NON	Sequentially list conditions, if any, leading to immediate									
HILCALION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
MEDICAL CE	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? XPCXYES 2 NO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DIF DEATH? 1XXXIII. OTHER AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DIF DEATH?								MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Che	ock only one)				
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BY PHYSICIAN:	XXAiatural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1	IURY AT ORK? YES 2 NO		E HOW INJURY OCC			
_ 1	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, lactory, offic	a	261. LOCATION City or You	N (Street and Number ovn, State)	or Aural Rou	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1 2XXMEDICAL EXAMINER: On 1								nd manner as stated.	
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	h			29c. LICENSE NUN		29d. DATE	51GNED (M	lonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	OCIVIL			1-2-	50	
- 1	Ahn M. Dixon, MD 111 Penn Street, baltimore, MD 21201 vc									

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32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



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	JOSPITAL

		FOR STATE REGISTRAR		STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO			
		1. DECEOENT'S NAME (First, I		ERTRUD	E FAH	EY		2. DATE OF DEATH MONTH D	6 199	EAR	IIIE OF DEATH
		4. SOCIAL SECURITY NUMBER			E (In yrs last birthday,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Monthly Day, Year)	8.		CE (State or Foreign
3 should	_	9a. FACILITY NAME (If not inst		reet and number)	1		OR LOCATION OF DE	ATH	9c. COUNTY		
	DIRECTOR	STELLA RESIDENCE OF DECI		RIS		TOW		R	5,4		MORE
t. Pages	DIRE	Maryland	Balti	more County		ty, town on Loca altimore				100	I. INSIDE CITY LIMITS? YES 2 1 NO
sit permi	RAL	100. STREET AND NUMBER	ok Roa	d	•	1	01. ZIP CODE 21212		U.S.		COUNTRY?
physician. burial-transit permit. Pages 1, 2,	r FUNERAL	11. MARITAL STATUS 1 X Never Married 2 N	Aarried	12. WAS DECEDENT EVER FORCES? 1 ☐ YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	n or No 14.	RACE — / Black, Wi Specify:	-01-01
attending se as the	ED BY	3 Widowed 4 Divor	DENT'S EDUC	CATION Completed)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					White
spital or led for u		Dementary/Secondary (0-		College (1-4 or 5+)		life. Do NOT use retired.)					ıy
by the hospital or att be detached for use at once.	200	Janes August		ahey		18. MOTHER'S NAME (First, Middle, Melden Surneme) Mary Gertrude Cardwell					
s retained 5 should notified	10	190. INFORMANT'S NAME (Ty) Katharine I		ligan				Route Number, City or Tow Limore, Mar			2
ector, page		20a, METHOD OF DISPOSITION 1 ♣ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (oval from State	New Cath	edral Ce	emetery, cremetory or Metery		cation — city ltimor		state aryland
death. Pag funeral din		21. SIGNATURE OF FUNERAL		Jaku V	. Keit	Mit	chell-Wie	edefeld Hor	me re, Ma	 rylar	nd 21212
d in by the or removal		23. PART i. Entar the dis		omplications that caus List only one cause on		not antar tha m	ode of dylng, auc	h aa cardiac or reap	Iratory arrest	ì,	Approximata interval Between
ion, in		IMMEDIATE CAUSE (Fine disease or condition reaulting in death)	il → .	PNEU	MONI S A CONSEQUENCE	A					Onset and Death
executed within and completely to bunial, cremat imatic event, 1	N	Sequantially list condition	na	RECL	IRREI	VT	ARDIO L	ASCULA	e Acci	DEAT	
	CATIC	If any, leading to immed cause. Enter UNDERLYM CAUSE (Disease or Injur	late IG	À	S A CONSEQUENCE						
the death certificate be e the attending physician d Mental Hygiene prior to Injury, or other traun	CERTIFICATION	that initiated evants reaulting in death) LAST		DUE TO (OR AS	S A CONSEQUENCE	DISEQUENCE OF):					
= . = =	AL CE	PART il. Othar significar	t condition	a contributing to death	but not resulting	in tha undarlyl	ng cauae givan in	Part I. 24a. WAS AN			RE AUTOPSY FINDINGS
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by it be filed within 72 hours after death with the State Dept. or Health and IMPORTANT: If Nem 28 is marked, or item 23 shows any in	MEDIC							1 YES :	2 NO	OF	MPLETION DF CAUSE DEATH?
The law ite has b ate Dept.	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)			
SICIAN: certifica th the St d, or it	PHYSI	1 VES 2 NO 27. MANNER OF DEATH		1 Inpetient 2 ER/O	Y 266. T	Nursing Ho	NJURY AT YORK?	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUP	RED	
After this Jeath wit	ВУ Р	2 Accident	Pending nvestigation	(Month, Day, Year 28a. PLACE OF INJU	1/	M 1	YES 2 NO	281. LOCATION (Street	and Number or	Rural Bout	a Number
RECTOR: /	ETED		Could not be letermined	building, etc. (S	pecify)			City or Town, State)	710101	, 170111000,
DSPITAL OF JNERAL DIF Ithin 72 hou INT: If Itol	COMPLET	onel		CIAN: To the best of my kn R: On the basis of exemine	/ \						d manner as stated.
THE HE PO THE PO	8	29b. SIGNATURE AND TITLE	OF CERTIFIER				29c. LICENSE NUI	MBER 504	29d. DATE S	IGNED (MO	onth, Day, Ybar) - 90
	10	30. NAME AND ADDRESS OF	NI	AKHUDA -				RIS -70			
		31. DATE FILED (Month, Day,) JUL 0 5 1990		ha Davidson-Ma	GNATURE						

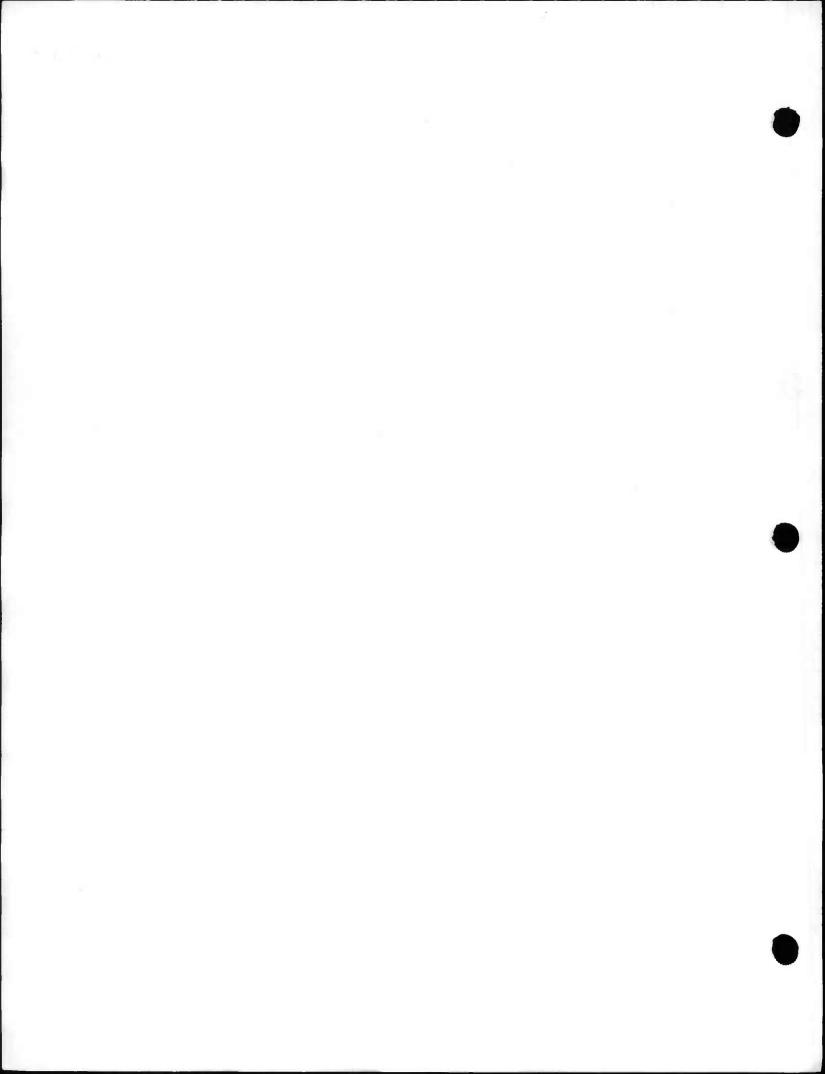
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BALTIMORE, NA	death	
M	HYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATT	
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	SPITAL OR ATTENDING PHYSICIAN; The law requires that the death cartificate be executed within 24 hours after death, Page 6 may be seen	

BALTIMORE, MARTEAND 21203-3146	urs after death. Page 6 may be grange to propriet or anending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, man be seen signed by the attending physician and completely filled in by the funeral with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 frours after death. Page 6 may be accounted from amending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		.0	•		2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	ALICE	REBECC	AGR	EEN		7	2 9	0545 M
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	BIRTHPLACE (State or Foreign
	212-2224181	1 M 2 F	7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	_ °	Country) M
	9a. FACILITY NAME (If not institution, give stre	net and number)		9b. CITY, TOWN	OR LOCATION OF O	EATH 90	9c. COUNTY	OF DEATH
DIRECTOR	St. Agnes	Hospi	rtal	Ba	Ho.		mo	di
<u>ن</u>	10a. STATE / 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TJON			10d. INSIDE CITY
Ë	nad.			Ba 17	to.			1 PES 2 NO
	10e STREET AND NUMBER	1		200 11	ri. ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
A A	1/1/10 500	ain An	NO.	1 "	2121		109. 0111221	1
FUNERAL	4400 JN1	1100 110	-		21da		11	101
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 \(\subseteq \text{YES}		If yes, s	pecify Cuban, Maxica	NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S 2 ND Specif	y:	1	Specify:
					/		1/3	mack
9	15. DECEDENT'S EDUCA (Specify only highest grade or		(Give kind of	Work done during m	ON ost of working	16b. KIND DF BL	SINESS/INDUST	RY
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)				
N P	46)							
E COMPLET	17. FATHER'S NAME (First, Middle, Last)	Louis -	Thomas		18. MOTHER'S NA	AME (First, Middle, Melder	Surpame)	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	vn, State, Zip Cod	(e)
	20g, METHOD OF DISPOSITION	201	PI ACE DE DISBO	SITION (Name of or	metery, crematory or	200.14	CATION — City	or Town State
	1 Burial 2 Cremation 3 Remov	val from State	other place)	Myl.	1104 6	hall 1	hul	W
	☐ Donetion 5 ☐ Other (Specify)	2000	, 1	my	MEM P	NITC 179	oury	ru
1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME /	NO AOORESS OF FA	WILLTY III had	+	Market and
	Tala	March	<u> </u>	Ma	ren to	12001	Unba	the five
	23. PART I. Enter the diseases, or co shock, or heart failure. Li		d the death. Do					
		ist only one cause on a	ach line.	not amer tha m	oda of dying, suc	ch as cardiac or resp	iratory arrest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final	in the second			oda of dying, suc	ch as cardiac or resp	eratory arrest,	
	IMMEDIATE CAUSE (Final	in the second			oda of dying, suc	ch as cardiac or resp	Hratory arrest,	Interval Batween
	IMMEDIATE CAUSE (Final	PNEUM C	NIA CONSEQUENCE C	0F):			eliratory arrest,	Interval Batween
7	IMMEDIATE CAUSE (Final	PNEUM C	NIA CONSEQUENCE C	0F):			eliratory arrest,	Interval Batween
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	PNEUM C DUE TO (OR AS A CHRONIC	NIA CONSEQUENCE C	PF):			elifatory arrest,	Interval Batween
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)	PNEUM C DUE TO (OR AS A CHRONIC	NIA CONSEQUENCE C	PF):			elifatory arrest,	Interval Batween
FICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	NIA CONSEQUENCE C	in: AL =			elifatory arrest,	Interval Batween
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	DUE TO (OR AS A CHRONIC DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death to HOSPITAL: 1 Ringetient 2 ER/Out 28a, DATE OF INJURY (Month, Day, Ver) 28a, PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE CONS	OF): A C P OF): In the underlyle 28. F OTHER: 4 Nursing Ho ME OF 28c. II Street, factory, offi	PLACE OF DEATH (C) TORK? YES 2 NO te and place, and du death occurred at the	Part I. 24a. WAS A PERFC 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and me time, data and place, a	INJURY OCCURI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation investigation investigation determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CH ROWIC DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death by HOSPITAL: 1'A impetient 2 = ER/Outy (Morth), Day, Year) 28e. PLACE OF INJURY (Morth), Day, Year) 28e. PLACE OF INJURY (Morth), Day, Year) 18AN: To the best of my know. 19 On the basis of examination	A CONSEQUENCE CONS	OTHER: 4 Nursing Ho Street, factory, off	PLACE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO ca te and place, and du death occurred at the	Part I. 24e. WAS A PERFC 1 YES Theck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(s) and me time, data and place, and MBER	INJURY OCCURI	Interval Batween Onset and Daath 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Buse(a) and manner as stated. GNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	DUE TO (OR AS A CH ROWIC DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death by HOSPITAL: 1'A impetient 2 = ER/Outy (Morth), Day, Year) 28e. PLACE OF INJURY (Morth), Day, Year) 28e. PLACE OF INJURY (Morth), Day, Year) 18AN: To the best of my know. 19 On the basis of examination	A CONSEQUENCE CONS	OTHER: 4 Nursing Ho Street, factory, off	PLACE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO ca te and place, and du death occurred at the	Part I. 24e. WAS A PERFC 1 YES Theck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(s) and me time, data and place, and MBER	INJURY OCCURI	Interval Batween Onset and Daath 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Buse(a) and manner as stated. GNED (Month, Day, Year)



iched for use as the hunal-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-dus, and item. Prape 6 ins. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flood in by the human directure, be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or mittoral iMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

	FOR STATE REGISTRAR	STATE OF MA		DEPAR ERTIF						YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH
	Carol Gloria	a Gibsor	ı						July	4,19	90	YEAR	10 P.M. M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH			IPLACE (State or Foreign
	213-36-8807	1 🗌 M 2 🖾 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dely 12-3	30-38	3	Balt	imore,Md.
	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEAT						ATH		9c. COU	NTY OF D	EATH		
18	4720 Glenarm AVenue Baltimo						more	2					
DIRECTOR	RESIDENCE OF DECEDENT						-1110 1						
) M	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Md.				Ba1	Ltimo							1 X YES 2 NO
4	10e. STREET AND NUMBER					101.	ZIP CODI				10g. CIT		WHAT COUNTRY?
FUNERAL	4720 Glenarm Ave							2120				U.S.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1							IC ORIGIN? (Sp n, Puarto Rican		or No-	14. RACI Blac	E — American Indian, k. Whita, atc.
β	1 Never Married 2 . Married 3 Wildowed 4 Divorced	IF YES, GIVE WA						Specify		,,		Spec	ity:
	3 Wildward 4 Divorced	<u> </u>										<u> </u>	White
OMPLETED	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	/G	CEDENT'S	work done	during mo	N st of workin	na	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
141	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT u	se retired.)								
₫	12th Grade		Hom	e Mal	cer-	Moth	ner						
6.4	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middle	, Maiden	Sumame)		
22	Charles L. Saní	ord						Lil1	ian M.	Re:	ider		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number		loute Number, C			o Code)	
1	Thomas L. Gibson	ı.Ir.		473	0 G1	lenar	rm Ax	zenue	Balti	more	hM.	215	206
12	20a. METHOD OF DISPOSITION	. 01.	20b. PLACE						Daires			City or To	
	1X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	Par kw	(ace)			rotary, oron	natory or				nore	1110
l I	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Italkw	oou c		<u> </u>	O AOORE	SS OF FA	CHETTY	Do	11611	IIOI E	, riu .
1 1	× - 1	1 2	/							-			ir Road
ш	Kathleen	m. mu	uph	14									,Md21206
	23. PART I. Enter the disease, or shock, or heart feilure. IMMEDIATE CAUSE (Final	complications that Liet only one ceus	caused the deep on each line	ath. Do	not entai	r tha mo	da of dy	ing, sucl	n ee cerdiac	or reepi	retory s	rest,	Approximete interval Between Onset and Death
	disease or condition	9	doctal	4	mel	arem	_						3465
	resulting in death)	DUE TO (OR AS A CONSE	QUENCE C	F):	111							1
-		20											1
CERTIFICATION	Sequentially list conditions, if sny, laading to immediata cause. Entar UNDERLYING	DUE TO (OR AS A CONSE	QUENCE C	F):								
F	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE C	F):								
띪	resulting in death) LAST	d											
	PART ii. Other significent condition	ns contributing to o	death but not	resulting	in the u	nderlyine	cause	given in	Part i. 24s	. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
181		_								PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
اقا									10	YES 2	☐ NO		OF OEATH?
N N													1 TYES 2 NO
ΙżΙ													
≾	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF C	DEATH (Ch	eck only one)				
PHYSICIAN: MEDIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		. 5 CE A	esidence	8 D Other (Sp	ecify)			
글	27. MANNER OF DEATH	28a. DATE OF I (Month, Da	INJURY	28b. TII	ME OF	28c. INJ	URY AT		28d. DEŞCRII	BE HOW I	NJURY O	CCUREO	
	Natural 5 Pending	(Monn, De	y, roar,	"	M		YES 2	NO.					
l A	2 Accident Investigation	264 BLACE OF						_		A4 (O)	1.44 . 4		

29c. LICENSE NUMBER

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
MILHAIZ L PVATELI TEXTEL 1940 EXTRA

296. SIGNATURE AND TITLE OF CERTIFIER

3 Suicide

29a. CERTIFIER (Check only one)

4 Homicide

BE COMPLETED

၀

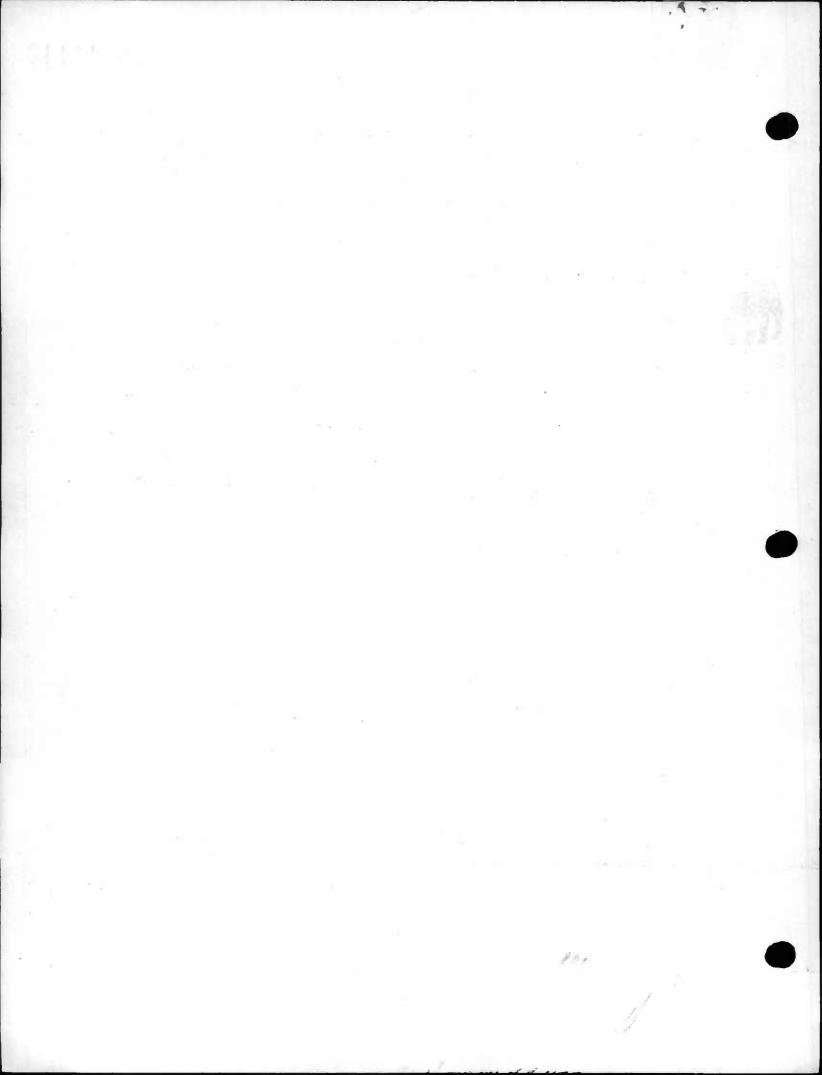
1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

DIVISION OF VITAL RECORDS, F.O. BOX 13149, BALLIMORE, MANTLAND 112
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the happing only
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detauthed turn be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burla! cremation, or removal.
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

att permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH		AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) GEORGE B.	GHIRAR	dí GEO:	rge B. rardi	2. DAT MON	E OF DEATH DAY	YEAR 90	3. TIME OF DEATH	
	111111111111111111111111111111111111111	SEX 6. AGE (In.	yrs. lest birthday) IF U	MOER 1 YEAR IF UNDER 2 HIS DAYS HOURS CITY, TOWN OR LOCATIO	MIN. (Mg/	E OF BIRTH oth, Day, Year) - 3 -/906	Count		
TOR	Home WOOD Med RESIDENCE OF DECEDENT	dical cent	ter ;	BALTIMOR	e, n	nd.			
DIREC	Md. 10a, STATE 10b, COUNTY			n or Location Ltimere.				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	300 Cedar Hum	Cedarhurst	Road	101. ZIP CODE	214	100	U.S.A	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	J.S. ARMED 2 NO	13. WAS DECENDENT OF If yes, specify Cuben 1 ☐ YES 2 ☒ NO	, Maxican, Puerto		14. RACI Blec Spec	E — American Indian, k, White, atc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12) 12th Grade	ON pleted) ollege (1-4 or 5 +)	(Give kind of work diffe. Do NOT use retir	one during most of working ad.)	, 10	Miglior			
BE COM	17. FATNER'S NAME (First, Middle, Last) John G	hirardi		18. MOTH	en's NAME (Flost Emilia	, Middle, Maiden Surne		0	
10	Anna Ghirardi		3100 (Ress (Street and Number of Cedarhurst	Road 1	Baltimore	,Md2		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State Ho1	other place)	(Name of cometery, crema			ON — City of To		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	1. murps	ly	John C. Mi				ir Road ,Md21206	
CERTIFICATION	23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A C	th line.					Approximate interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of the state of the	ontributing to death but Cardy 20	arryth		ivan in Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2)?	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN		OSPITAL:		26. PLACE OF DE					
BY PHYS	27. MANNEY OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpet 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY	26b. TIME OF INJURY	Nursing Home 5 Rec 28c. INJURY AT WORK? 1 YES 2	28d. D	EŞCRIBE NOW INJUI	city) E NOW INJURY OCCURED		
COMPLETED	3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PNYSICIAI	building, etc. (Specifi	γ)		o	OCATION (Street end hity or Town, State)		nous runnos,	
TO BE COME	one) 2 MEDICAL EXAMINER: C	On the beste of examination	end/or investigation, in	29c. LICE		ite and place, end du	e to the couse(o) and manner as stated. D (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO C DON STO S. VA 31. DATE FILED (Month, Day, Year)	OMPLETED CAUSE OF DEAT FOR STATE SIGNA Say USON - Rand		4706 Ba	prono	rond ,	Borto.	40 5/AA	
	JUL 05 1990 Julia	Davidson-Rand	02						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIFIC	AIE	IF DEA	Н	REG. NO.			
1. DECEDENT'S NAME (First, Middle, L.	nst)						2. DATE OF DEATH	v	YEAR	3. TIME OF DEATH
Jennie	Н.	Giordan	.a				7-2-90	44	TEAR	15:05 M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday) I	F UNDER 1 YEA	AR IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign
216-01-8911	1 🗌 M 2 💢 💢 F	74	YRS.	ONTHS DAY	rs HOURS	MIN.	(Month, Day, Year) 4-26-16		Ba1	to. MD.
9a. FACILITY NAME (If not institution, g	ive street and number)		9	b. CITY, TOV	VN OR LOCATE	ON OF DE			NTY OF C	DEATH
Saint Joseph's	Hoenital				owson					more,Co.
RESIDENCE OF DECEDENT				Τ,				Ъ.	атст	more, co.
10a. STATE 10b. CO			10c. CITY, 1	OWN OR LO	CATION					10d. INSIDE CITY
MD.	Baltimor	e	Ba	altimo	ore					LIMITS?
10e. STREET AND NUMBER	Dalelmol			AT CIM	10f. ZIP COD	_		40 0171	TEN OF	WHAT COUNTRY?
	A					- 2120	(
4609 Springwo	_								U.S.	
11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. AR	MED NO				IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No-	14. RAC	E — American Indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES			YES 2 T NO				Spec	elfy:
3 Widowed 4 Divorced										White
15. DECEDENT'S (Specify only highest of		16a. DE	CEDENT'S US	VAL OCCUP	ATION	207	18b. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT use r	etired.)	most of working	-9				
		C1	erk				Social	Secu	rity	
17. FATHER'S NAME (First, Middle, Last)				18. MOTI	HER'S NA	ME (First, Middle, Maiden			
Samue1	Varacall	e			1.0	Mary	С.	,	Nas	h
19a. INFORMANT'S NAME (Type/Print)	varacarr									11
	lono						Route Number, City or Tow			06
Matthew J. Giord	ıalla						Baltimore			
20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3	Removal from State	20b. PLACE other pl	OF DISPOSIT	ION (Name o	f cemetery, cren	netory or	20c. LO	CATION —		
4 Donation 5 Other (Specify)		_	Parkv	vood (Cemete	ry		Ва	ltim	ore,Md.
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			22. NAM	E AND ADDRE	SS OF FA		/15	D 1	' D 1
Kathle	m. he	unher		~ ,			_			ir Road
23. PART I. Enter the diseases,	377,777									,Md21206
shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Republication of the second se	QUENCE OF:	A	res	7				Approximate interval Between Onset and Dasth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O O O O O O O O O O O O O O O O O O O	OUENCE OF):	vme	nock	the A.	CavaIn	14/.		Sudda 15th
		10								
PART II. Other significent cond	Itions contributing w	death but not	By	The under	lying cause	given in	Part I. 24a. WAS AN PERFOI	RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	v /				4 DI 405 DE 6	EATH OL				
EXAMINEB?	HOSPITAL:			THER:	6. PLACE OF C	ALAIN (UN	our orny one)			
YES 2 NO		☐ ER/Outpetlent 3	DOA 4	☐ Nursing		aaldance	8 Other (Specify)			
27. MANNER OF DEATH 1 Availure		F INJURY Day, Year)	28b. TIME (TY.	WORK? YES 2	□ NO	28d, DEŞCRIBE HOW	INJURY OC	CURED	
3 Suicide 8 Could no 4 Homicide detarmine	t be building	OF INJURY — At he i, atc. (Specify)	ome, farm, str	eet, factory,	offica		28t. LOCATION (Street City or Town, State,		r or Rural	Route Number,
TOROGN OTHY	MINER: On the basis of	examination and/or	investigation,	in my opinion	on, death occu			nd due to ti		(a) and manner as stated.
JUL 0 5 1990	gula DECRE	ARE SHOWING	La, i							2/204

the burial-transit permit. Pages 1, 2, 3 should and physician. 203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified #

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	TEVIS MASTER	CERTIFI R GERARD	CATE OF	T	REG. NO.		3. TIME OF DEATH
	TEVIS	Μ.	96	RAR	D	MONTH 6	6	70 3:20 7
	4. SOCIAL SECURITY NUMBER 213-01-7026	ANTHA CIE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	June 22,		BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, giv			9b. CITY, TOWN O	OR LOCATION OF DEAT		9c. COUNTY	
RECTOR	HOMEWOOD HOSP	tal Center-	Dowth	Baltin	nore			
IREC	ton. STATE 10b. COUL	YTY	10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY
IG J	Maryland 100. STREET AND NUMBER				re City		10g. CITIZEN	1XX YES 2 ☐ NO
VERAL	5507 Craig Ave.				21212		USA	1
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 NO DATES	If yes, spe	ENDENT OF HISPANIC colfy Cuban, Maxican, No Specify:	ORIGIN? (Specify Yar Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S E (Specify only highest gra	DUCATION ade completed)	16a. DECEDENT'S L	USUAL OCCUPATIO	ON et of working	16b. KIND OF BU	SINESS/INDUS	TRY
翻	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+) 2 Years	Ille. Do NOT use	sion Man		Sea	nc	
00	17. FATHER'S NAME (First, Middle, Last)	2 (01)	DIVI	STOIL MAIL		(First, Middle, Malden		
BEC	Edgar E. Gerard	d			Nettie			
2	19a. INFORMANT'S NAME (Type/Print) Mary E. Gerard				re. Balti			
	20a. METHOD OF DISPOSITION	emoval from State	b. PLACE OF DISPOSI	ITION (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)	LICERSEE	St.	Mary s	GOVANS		Baltimo	ore, Md.
	▶ James F. Bi	Bennich ,	* .					
	22 DAST I Enter the discourse		daha dash Bara		hell-Wied York Rd.			
	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	e. List only one cause on		ot entar tha mo		ss cardiac or reap		t, Approximata Interval Between Onset and Death
ERTIFICATION	shock, or haart failur IMMEDIATE CAUSE (Finsi disease or condition	a. METAST DUE TO (OR AS	ATIC	ot entar tha mo	de of dying, auch	ss cardiac or reap	Iratory arrest	t, Approximata Interval Between Onset and Death
S	shock, or heart failur IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. METAST DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS	A CONSEQUENCE OF	ot entar tha mo	ARCIN	OMA	AUTOPSY RMED?	t, Approximata interval Between Onset and Death Onset and Deat
MEDICAL CE	shock, or heart failur immediate cause (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. METAST DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS DUE TO JOR AS	A CONSEQUENCE OF	ot entar tha mo	ARCIN	OMA	AUTOPSY RMED?	t, Approximata Interval Between Onset and Death
AN: MEDICAL CE	shock, or heart failur IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit	a. METAST DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE OF	ot entar tha mo	ARCIN	OMA art I. 24a. WAS AM PERFOI 1 YES 2	AUTOPSY RMED?	t, Approximata Interval Between Onset and Death Death Onset and Death Death Onset and Death Death Death Death
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart failur IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not 1 4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29c. CERTIFIER (Check only one) 2 MEDICAL EXAM	DUE TO (OR AS DUE TO	A CONSEQUENCE OF STATI A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in the consequence of the consequ	ot enter the mo C1 (): (): (): (): (): (): (): ()	g cause given in Paragrams of the S Residence 8 URY AT 2 NO 2 1 1 1 1 1 1 1 1 1	art I. 24a. WAS AN PERFO 1 YES: Conly one) Other (Specify) Bid. DESCRIBE HOW. City or Town, State.	I AUTOPSY RMED? 2 NO INJURY OCCUP and Number or	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,

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UF VITAL RECORDS, P.O. BOX 1514 HANGICIAN. The law requires that the death certificate be executed	within	0,
UNIVERSITY THE LAW requires that the death certificate be	executed	2
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	1 - STATE REGISTRAR	OINIE OF WAITE	(LAND / DEPAR CERTIF	ICATE OF		MENIAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) MABLE	GIL	KEY			2. DATE OF DEATH MONTH		7EAR 3. 1	GAZOPI
-	SOCIAL SECURITY NUMBER 236-34-8652 98. FACILITY NAME (If not institution, give in the continuity of	5. SEX 6. AG 1 M 2 X F	73 YRS.	# UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	9c. COUNT	Country) Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	SPITAL		BAL		org	13A		MORE
	10a. STATE 10b. COUNT	ACTIMO		BAC		26			I. INSIDE CITY LIMITS? YES 2 \(\) NO
FUNERAL	879 Mouto	in Rd		. 10	2)2©	8'	10g. CITIZE	N OF WHAT	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yea, s		NIC ORIGIN? (Specify an, Puerto Ricen, etc.) fy:	fes or No— 14	Black, Wt Specify:	American Indian, nite, etc.
COMPLETED	15. OECEOENT'S EDL (Speathy only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	WSUAL OCCUPAT. Work done during m se retired.)	ost of working	1	ME	STRY	
ш	17. FATHER'S NAME (First, Middle, Lest)	DONALD	•			AME (First, Middle, Maid		RN	
TO B	198. INFORMANT'S NAME (Type/Print) HELEN NOL	AN	19b. MAILING	0	and Number or Rural	Route Number, City or 1	own, State, Zip Co	ode)	
	20s, METHOD OF DISPOSITION 1 Medical 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)		20b. PLACE OF DISPO other place)	SITION (Name of p	emetery, crematory or		LOCATION — CH	ly or Town,	State Till
	21. SIGNATURE OF FUNERAL SERVICE LI	linefel	ter	106	W.MA	IN ST., 1	DALLA	570	-
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO (OR A	och line.	enic	Shoc	CK			Interval Betwee
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		MONG A S A CONSEQUENCE O		leite	15			
MEDICAL	PART II. Other algnificant condition Myo Caso		but not resulting		ng cause given in	PERF	AN AUTOPSY ORMED? 2 NO	COL	RE AUTOPSY FINDING NILABLE PRIOR TO MPLETION DF CAUSE OEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUI	RY 28b. TIR	WE OF 28c. IN	ma 5 Realdence IJURY AT FORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED	- 7
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Pural City or Town, State)						r Rural Route	Number,	
COMPLET	contain only	SICIAN: To the best of my kr							d manner as stated
	296. SHANATURE AND TITLE OF CERTIFIE		use 540	44	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Mo	onth, Day, Year)
O BE	gresh outa			7 7					
TO BE	30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Type	e, Print) 7NAS	HOSPI	TACO	CBA	CTI	MORE

Jurs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IPLETED BY FUNERAL DIRECTOR

FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	OR	SHO	DOUR	tem
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be marked
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	CE	RTIFICATE	OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) SARAH	ANN	GOLDI	EN	2. DATE OF DEATH MONTH DA	29, 90	
4. SOCIAL SECURITY NUMBER 5. SE			EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/27/04	8. BIF	ITHPLACE (State or Foreign intry) RUSSIA
9a. FACILITY NAME (If not institution, give street an FRANCIS SCOTT KEY M			OWN OR LOCATION OF DE		9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT 108. STATE 106. COUNTY MARYLAND		10c. CITY, TOWN OR I				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6614 EBERLE DR., 31	d FL.		101. ZIP CODE	215	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	NAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 TO NO FYES, GIVE WAR OR DATES	D If ye	S DECENDENT OF HISPAN es, specify Cuban, Maxica YES 2 NO Specify	n, Puarto Rican, etc.)	BI	ACE — American Indien, sck, White, stc.
15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondery (0-12) Coll	N 16a. DEC (Give lege (1-4 or 5+)	EDENT'S USUAL OCCL e kind of work done durk Do NOT use retired.)	JPATION Ing most of working	166. KIND OF BUS	ICATESS	
FATHER'S NAME (First, Middle, Last) JACOB LEVIN			18. MOTHER'S NA BESSI	ME (First, Middle, Maiden E KATZ	Surname)	
INFORMANT'S NAME (Type/Print) IRVIN GOLDEN	19b.	MAILING ADDRESS (S 3704 CLARI	Street and Number or Rural I KS LA BAL	TO., MD	n, State, Zip Code) 21215	
20a-METHOD OF DISPOSITION 1 District 2 Cremation 3 Removal in 4 Donation 5 Other (Specify)	HEBRI	EW ORTHODO	of cemetery, cremetory or OX MEM. SOC	IETY BA	CATION — CITY OF	
21. SIGNATURE OF FUNERAL SERVICE LICENSE	allman	5	me and address of fa SOL LEVINSO DIO REISTER	N & BROS.,		, MD 21215
23. PART & Enter the diseases, or compinators, or heert fellure. List of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one ceuse on each line.	~~~~	e mode of dying, euc	h ee cerdiec or reepi	ratory arreet,	Approximete interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEOU	UENCE OF):	- Grand			
PART II. Other algorificant conditions con i Pz. y DEpart	CMC BSM		erlying ceuse given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)		
	SPITAL: Inpatient 2 - ER/Outpatient 3	□ DOA 4-② Nursin	g Home 5 🗆 Rasidence	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 1 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJURY	Bc. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At hor building, atc. (Specify)	ne, farm, street, factory	y, office	26t, LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,
onel only	To the best of my knowledge, dea the basis of examination and/or in					se(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER 76	29d. DATE SIGN	NEO (Month, Day, Year)
30. NAME AND ADDRESS OF REPSON WHO CON	MPLETED CAUSE OF DEATH (ITEM	EBALT	walk ST	(2/22	4)	
31. DATE FILED (Month, Day, Year)	32, REGISTRARIS SIGNATURE T	- 01191	TOPE of	6-:22		

BALTIMORE, MARYLAND 21203-814

30. NAME AND ADDRESS OF SCOTTA

								90 10123		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIE REG. N				
ļ	1. OECEDENT'S NAME (First, Middle, Lest)	Emi	ma Rosa	Gardne	r	2. DATE OF DEATH	DAY 47	3. TIME OF DEATH		
	217-01-2769	1 m 2 p 7	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/31/	8. L4 1	BIRTHPLACE (State or Foreign Country) Maryland		
OR	90. FACILITY NAME (# not institution, give street and number) University of Maryland Hospital				or location of de Limore	EATH	Baltimore City			
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland	10c. CIT	Y, TOWN OR LOCAT	10d. INSIDE CITY LIMITS? 1 100 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 4205 Falls Road Apartment 12			101. ZIP CODE 109. CITIZEN OF WHAT U.S.A.						
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XX00	If yes, ep		n, Puerlo Rican, etc.)	ilN? (Specify Yee or No— b Rican, etc.) 14. RACE — Amaricen India Black, Write, atc. Specify: White			
COMPLETED BY	15. OECEDENT'S EDUCA' (Specify only highest grade co	TION 18/ Impleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	usual occupation work done during more retired.) omemaker	DN st of working		nemaker			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Wilbur Granville Metcalf Ada L. Barger									
10				The State of the State of	and Number or Rural I	Route Number, City or 1		Maryland 21211		
	1 🔀 Buriel 2 🗆 Cremation 3 🗆 Removal from State of 4 🗆 Donetion 5 🗀 Other (Specify)		has alasal		ge Cemete	ery P	Pikesville, Maryland			
21. SIGNATURE OF FUNDIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Fund 3631 Falls Road Baltimore, Maryla							Funeral Home aryland 21211			
	shock, or haert failure. List only one cause on each line.							t, Approximate interval Between Onset end Desth		
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CE	PERFORMED? 1 YES 2 NO						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inputient 2 ER/Outputient 3 DOA 4 Nursing Home 5 Recidence 8 Other (Specify)									
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCCUI	REO		
	3 Suicide 8 Could not be 4 Homicida determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm,	atreet, factory, offi	E ⊕		CATION (Street and Number or Rural Route Number, or Town, State)			
COMPLETED	one)	AN: To the best of my knowled								
BE	296. SAGMATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (7/10	e Print)		3 .		1		

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

- The University of Mary and

- 32, REGISTRATE SIGNAME

- 32, REGISTRATE SIGNAME

Hospita

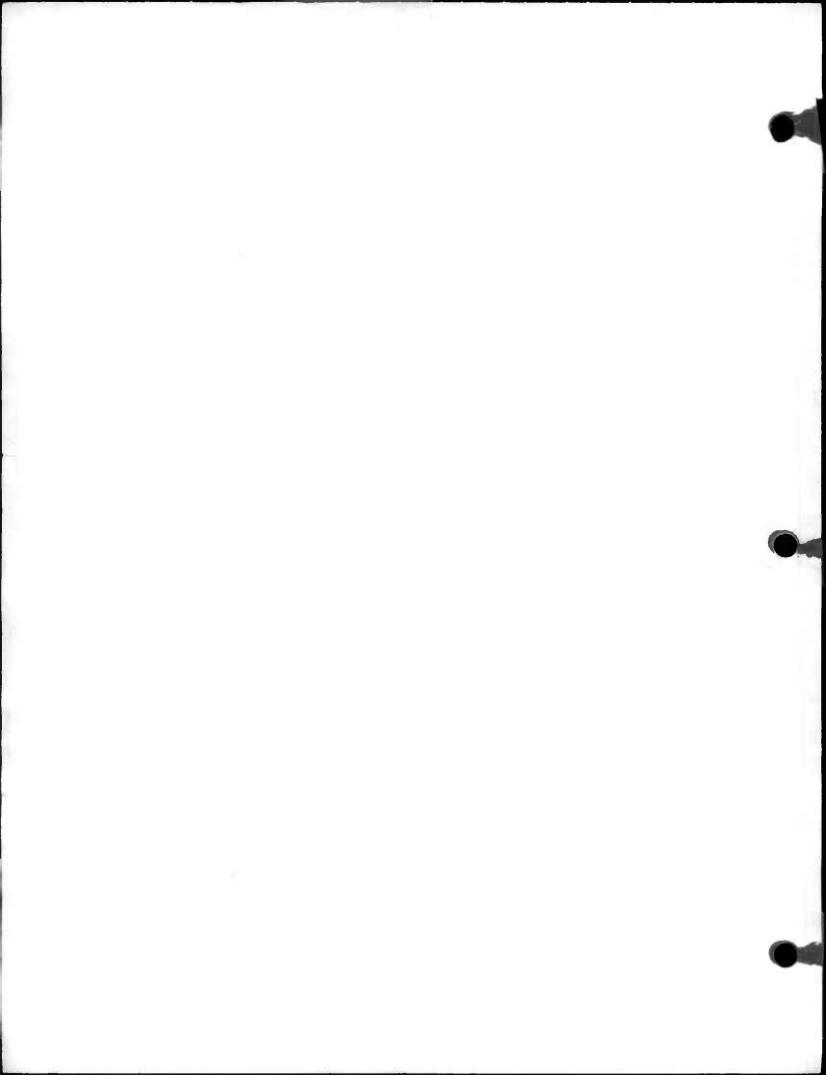
BE COMPLETED BY FUNERAL DIRECTOR

at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23-mours after death. Page 86 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner may

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	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		ENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Will	liam A	nthony	Hendrix		2. DATE OF DEATH MONTH DAY 6-27-90	Y YE	3. TIME OF DEATH 11:47PM M			
	4. SOCIAL SECURITY NUMBER 214-64-0027	5. SEX 6. AG	E (In yrs. last birthday) 34 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Dey, Year) 9-26-195	0	MRTHPLACE (State or Foreign country) Md			
NG.	9a. FACILITY NAME (If not institution, give sti Maryland General		Baltimore City								
DIRECTOR	14.1				OWN OR LOCATION 18d. INS						
	Md 100. STREET AND NUMBER	l B	altimore	ZIP CODE		1) YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	2922 Rosalind	Avenue	DINII C ADMED		21215	C ORIGIN? (Specify Yaa	USA				
ĕ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2)(X)NO	If yes, sp	ecify Cuban, Maxican, 2 XXNO Specify:			RACE — American Indian, Black, Whita, etc. Specify: Black			
E COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or 5 +) 16a. DECEDENT'S USUM (Give kind of work of life. Do NOT use retir				k done during most of working						
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)						
Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	Paffer Hendrix 190. INFORMANT'S NAME (Typo/Print)	19b. MAILING	G ADDRESS (Street a		h CuretOn oute Number, City or Town	n, State, Zip Goo	(a)				
	Rhonda Hendrix					Baltimor					
No.	20e, METHOD OF DISPOSITION 1 IX Burlal 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)			sition (Name of co Star Ceme	etery	Cat	Catonsville, Md				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRES March F/I 4300 Wabi					st					
	23. PART i. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse or	n eech ilne.				ratory arrest	Approximate interval Between Onaet and Death			
LION	Ruptured dissecting aortic aneurysm New To (or As A CONSEQUENCE OF): Hypertensive cardiovascular disease Due To (or As A CONSEQUENCE OF): Due To (or As A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O								
PHYSICIAN: MEDICAL CE	PART ii. Other significant condition	s contributing to deat	h but not resulting	in the underlyir	g cause given in F	Pert i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXES 2 \(\text{NO} \) NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DTHER: OTHER:										
HYSI	27. MANNER OF DEATH	MANNER OF DEATH 1 Inpatient 2 EMOutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (5 MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCR					NJURY OCCUR	ED			
B	Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street			M 1 YES 2 NO						
ETE.	4 Homicide detarmined										
COMPLETED	Check only	ICIAN: To the best of my k						ause(a) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	Yolle	AN	1	29c, LICENSE NUM OCM		29d. DATE S	IGNED (Month, Day, Year) 6-28-90			
F	30. NAME AND ADDRESS OF PERSON WE Mario F. Golle,	/	DEATH (ITEM 27) (Typ	Print) 111 P	enn Stree	et,Baltimo	re,MD	21201 vc			
	31. DATE FILED (Month, Day, Abar)	his Bath distrant	明战器	1	<u> </u>						



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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	be de	Men	F
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=	OR O	DIRE	tem
-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo be filed within 72 hours after death with the State Deot; of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner and
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT ICATE	OF H	EALTH /	AND M	IENTAL HYGIEN REG. NO			
		AM HARULU HU			2. DATE OF DEATH MONTH JULY 1,					3. TIME OF DEATH 5:50 P	м
	4. SOCIAL SECURITY NUMBER 219-34-5105	1XXM 2 F 91 YRS. MONTHS DAYS HOURS MIN. (Month, Day				7. DATE OF BIRTH (Month, Day, Year) May 22					
TOR	90. FACILITY NAME (If not institution, give : Maryland Masonic				eysvi		тн	Balt	imore		
DIRECTOR	10a. STATE 10b. COUNT Maryland Balt	10c. CIT	10c. CITY, TOWN OR LOCATION COCKET/SVIlle						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
FUNERAL	300 Internation		7 101, ZIP CODE 10g, C						I OF WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify No 1 □ YES 2 ☒ NO Specify:							
COMPLETED BY	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 Years	Confleted) College (1-4 or 5+) 4 Years	(Give kind of life. Do NOT u	e kind of work done during most of working Do NOT use retired.)					andoan College		
E CON	17. FATHER'S NAME (First, Middle, Last) Thomas Perkins		18. MOTHER'S NAME (First, Middle, Melden Surne. Martha Ann Lineaw						er		
0	Nancy Welsh		142	6 Put	tty	Hill	Rd.	Baltimor	e, Md.	21204	
20b. PLACE OF DISPOSITION (Name of cometory, crematory or other place) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometory, crematory or other place) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometory, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, Sta							Springs, W. V	įa.			
	James F.	Burnside, Jr	Z.Sn.	6	500	York	Rd.	efeld Hom Baltimo	re, Md.	21212	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition a. Pulmonary embolis Due to (or as a consequence of):										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d									_	
ERTIF											
PHYSICIAN: MEDICAL (PART II. Other significent condition	ns contributing to death	but not resulting	in the und	derlying	csuse gi	iven in F	Part i. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER	:			ck only one)	MAsonio	Homes	
ВУ РНУ	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)			DOA 4 Nursing Home 5 Residence			a □ Other (Specify) MASONIC HOMES 28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	oclfy)	At home, farm, street, factory, offica				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		CIAN: To the best of my know ER: On the busin of panelination								ause(a) and manner as stated	l.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE) at 1	04			29c. LICEI	2548			ISONED (Month, Day, Year) 1 y 3, 1990	
	Paul M. Rivas,	M.D. 300 In	ternațio		ircl	e C	ocke	ysville,	Md. 21	1030	
	JUL 0 5 1990 Just	ha Davidson-Hang									

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamsours after death. Page 6	irecti	Ē	
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dearm	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu	
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L OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iter	
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JUL 0 5 1990

,	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF					IENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	5 B. H.	ALL					2. DATE OF DEATH MONTH	w d	VE 4 D	ME OF DEATH	
ì		5. SEX 6. AGE (In y) M 2 F 75	4.000				24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) 111inois		linois	
TOR	96. FACILITY NAME (If not institution, give street and number), ST JOSEPH HOSPITAL RESIDENCE OF DECEDENT				96. CITY, TOWN OR LOCATION OF DEATH TOWSON					altim		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	ry, town or location Baltimore					10d. i			
FUNERAL	100. STREET AND NUMBER 6102 Edlynne Roa	d			10f. ZIP CODE 10g. 0					USA	COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 22 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MNO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					14. RACE — American Indian, Black, White, atc. Specify: White		
TO BE COMPLETED	(Specify only highest grade completed) (Give kind of the Do NOT Flamentary/Secondary (6-12) College (1-4 or 5 +)			work done	vork done during most of working e retired.)					siness/industry		
E COM	17. FATHER'S NAME (First, Middle, Lest) Bob Hall					18. MOTHER'S NAME (First, Middle, Maiden Surname) Sophia Bloom						
TOB	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21239								3 9			
	20e. METHOO OF DISPOSITION 1	val from State	ACE OF DISPO	sition (Ne lount	Cen	netery, crem eter	netory or		OCATION — City or Town, State Baltimore, Md.			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND APPRESS OF FACILITY MITCHELL-WILDEFELD HOME, INC. 6500 York Road Baltimore, Md. 212								21212				
	23. PART i. Enter the diseases, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition											
_	DUE TO (OR AS A CONSEQUENCE OF): **DUE TO (OR AS A CONSEQUENCE OF											
CATIO	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events pesuiting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 10 NO							ILABLE PRIOR TO MPLETION OF CAUSE GEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? COTHER: COTHER:											
YSI	1 _ YES 2 _ NO	HOSPITAL: 1 Inpatient 2 ER/Outpati			rsing Hor		esidence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY V				28d. DEŞCRIBE HOW INJURY OCCURED WORK? YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Specify,	At nome, ferm.	, street, fac	nory, om			281. LOCATION (Street City or Town, State		or Hurai Houte	Number,	
COMPLET	(Check brilly	CIAN: To the best of my knowled R: On the basis of examination e									d menner aa stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 10492								492	29d. DATE SIGNED (Month, Day, Year)			

DHMH-16 Rev 1/89

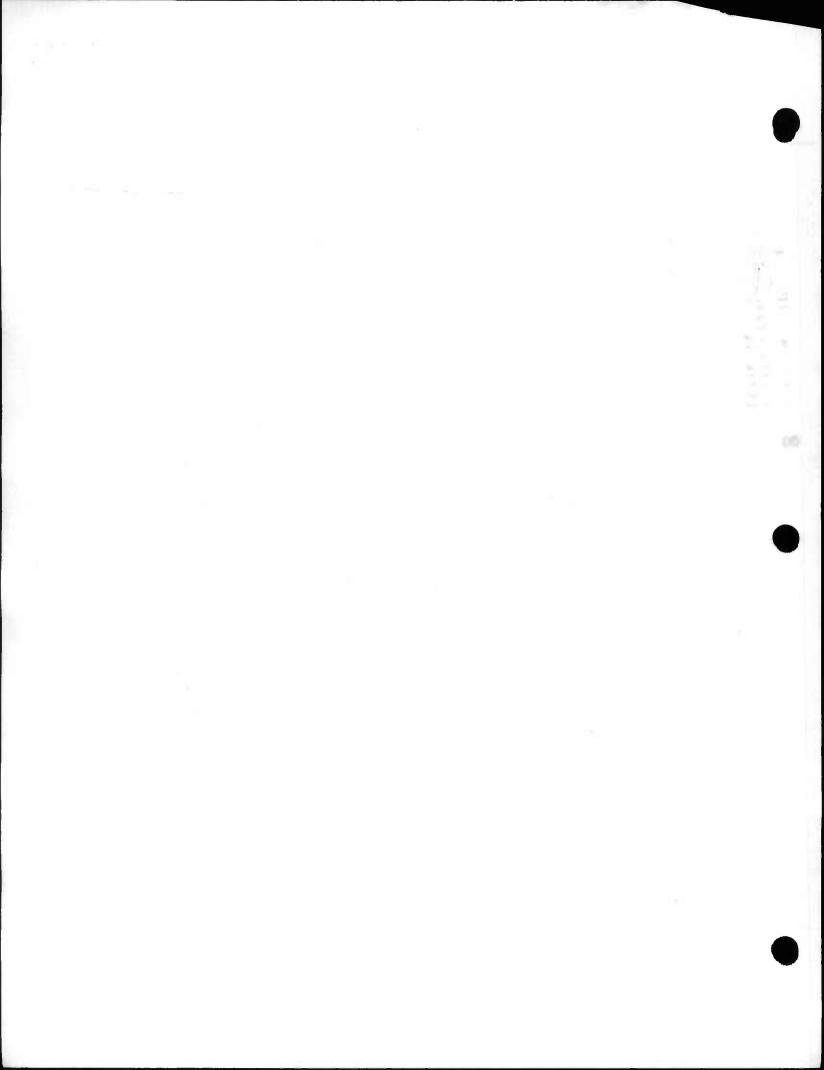
FOR STATE REGISTRAR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Acts after death. Page 6 may be retained by the hospital or are TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last) PAULINE]	HECKER					2, DATE OF DEA	DAY	YEAR	3. TIME OF DEATH	
									JUNE		90	10:40P M	
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER	DAYS	HOURS	ER 24 HRS.	7. DATE OF BIRT (Month, Day, Ya	ar)	Coun		
1 1 8	081-10-1154	1 M 2 F	76	YRS.					5/16/			NEW YORK	
RECTOR	9e. FACILITY NAME (If not institution, give so THE JOHNS HOPKIN		CAL				MORE	TION OF DE	ATH	9c. CO	UNTY OF	DEATH	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		100 CIT	Y, TOWN	001004	TION					10d. INSIDE CITY	
BE				10c, C11				_				LIMITS?	
	MARYLAND				B		MORE					1 X YES 2 NO	
	10e. STREET AND NUMBER					10	1. ZIP CO			10g. C	TIZEN OF	WHAT COUNTRY?	
新到	3204 FALLSTAFF RI							21215			USA_		
嗎。	11. MARITAL STATUS 1 Never Merried 2. Werried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V				If yes, sp	pecify Cut	ben, Mexicar	ilC ORIGIN? (Speci n, Puerto Rican, et			E — Americen Indian, ik, White, etc.	
BY	3 Widowed 4 Divorced						3 2 XN	O Specify			Spec	WHITE	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16	Give kind of life. Do NOT u	Work done	during me	ON ost of work	king	16b. KIND O	F BUSINESS/II	NDUSTRY		
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ĕ d	12			SELF-	-EMPI	LOYE	_						
CON	17. FATHER'S NAME (First, Middle, Last)						18. MO	THER'S NA	ME (First, Middle, M	aiden Sumeme,)		
	JACOB LEIST						MOLI						
TO BI	19e. INFORMANT'S NAME (Type/Print)			200					Poute Number, City	or Town, State, 2	Zip Code)		
T De no	EDWIN HECKER			3204				-	BALTIMO			215	
181	20e. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Rem	oval from State	20b. PL	LACE OF DISPO her place)	SITION (N	ame of ce	metery, cr	ematory or	20	c. LOCATION -	- Cify or T	own, State	
Ē	4 Donation Donation Donation	1.4	AR	LINGTO						BALT	IMOR	E, MD	
examiner must	21. SIGNATURE OF FUNERAL SERVICE LA	ENSEE			22.			TNICON		ROS, TNC.			
EXA	SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO., MD 21215												
S S S S S S S S S S S S S S S S S S S	23/PART I/Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest. Approximate												
	shock, of heart fellure. List only one cause on esch line. Interval Between Onset and Deet Onset and Deet												
E E	IMMEDIATE CAUSE (Finel disease or condition resulting in death) S												
Vent	resulting in death)	DUE TO	(OR AS A CO	ONSEQUENCE O	F):							19101	
ATION		. Felle	r of	UN KA	olin	es	010	5U				3 months	
2	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CC	ONSEQUENCE O	F):		(3/					
S	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
ERTIFICATION	that initiated events recuiting in death) LAST	DUE TO	OR AS A CO	ONSEQUENCE O	F):								
any injury, or other DICAL CERTIFIC	reediting in death) LAST	d											
C	PART ii. Other significant condition	s contributing to	death but	not reaulting	in the u	nderlyin	ng cause	given in	Part I. 24a, W	AS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
MEDICAL										RFORMED		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ED									— ¹□¹	ES 2 XHO		OF OEATH?	
2 -									—	/		1 YES 2 NO	
3 2	25. WAS CASE REFERRED TO MEDICAL				-	28 0	LACE OF	DEATH (Ch	eck only one)				
	EXAMINER?	HOSPITAL:	ED/O	- 1 T DO1	OTHE	R:							
Þ ¥	27. MANNER OF DEATH	28a. DATE O		28b. Til		T .	JURY AT	Residence	8 Other (Specification 28d, DESCRIBE)		CCURED		
E G	1 Matural 5 Pending		Day, Year)	IN	JURY M	W	ORK?	□ NO					
B man	2 Accident investigation 3 Suicide 8 Could not be	26a. PLACE	OF INJURY —	At home, farm,	street, fed				28f. LOCATION (Street end Numi	ber or Rural	Route Number.	
28 is marked, or item TED BY PHYSICIA	4 Homicide 8 Could not be determined	building	, etc. (Specify)		,	,,			City or Town,	State)		,	
E E	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowlede	ge, death occur	red at the	time, dat	e and pla	ce, end due	to the cause(e) er	d menner ee s	rated.		
IMPORIANT: If Item 28 IS O BE COMPLETED	cool cons											(a) and menner ee stated.	
E E	296. SIGNATURE AND TITLE OF CERTIFIE	R	. 50				29c. L	ICENSE NUI	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)	
B	1 Home	m-1	ND)						•			
≜ 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SIN ON SUN, 600 N WOLL SH BCIANNE MD 2/205												
	31. DATE FILED (Month, Day, Year)	32. REGISTE		BRE .		1				_		_	
	UUL 0 5 1990 guha	wantacon-	Milano										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

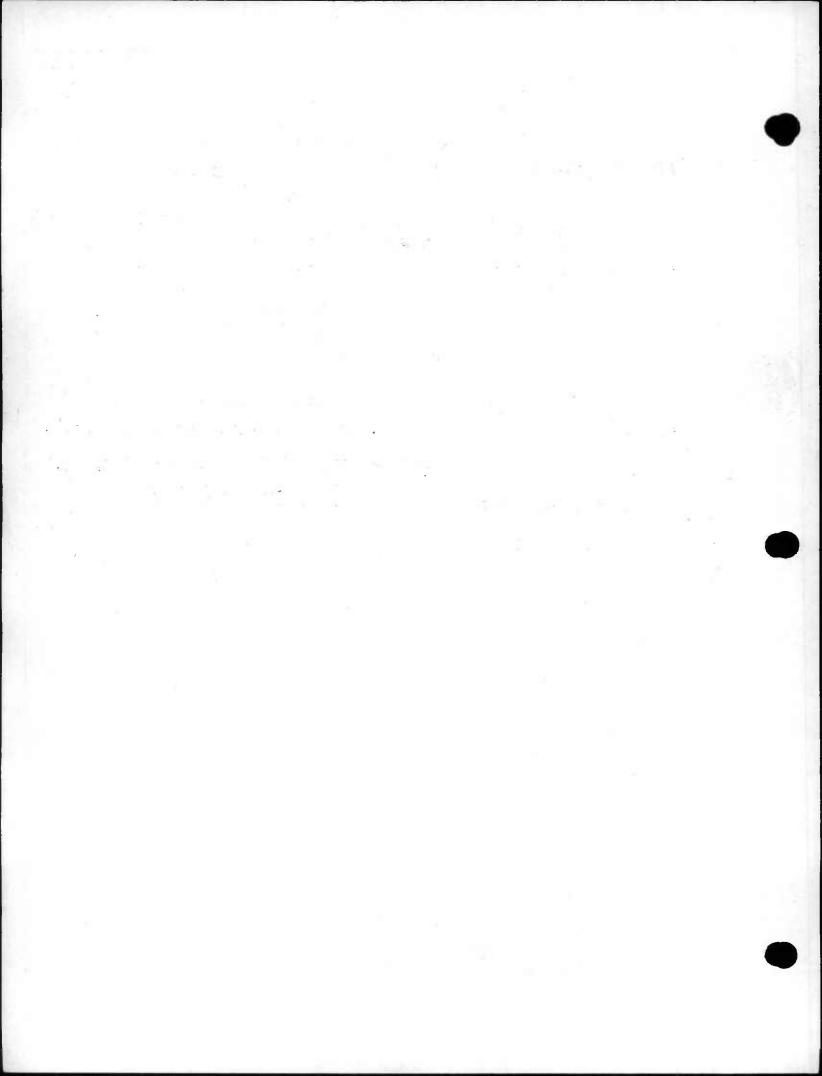


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	1 - FOR STATE OF MARYLE REGISTRAR		ENT OF HEALTH AND	MENTAL HYGIEN REG. NO	_							
	1. DECEDENT'S NAME (First, Middle, Last) GILBERT HOOFER			2. DATE OF DEATH DON'TH D	AY YEAR	3. TIME OF DEATH S.' 10 A M						
	219-12-3487 1×M20F	09 YAS. MOI	UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day Year)	O MA	RYLAND						
DIRECTOR	99. FACILITY NAME (If not institution, give street and number) HOME WOOD HOSPITAL CE RESIDENCE OF DECEDENT		BALTIMORE	DEATH								
	10e. STATE 10b. COUNTY MARYLAND 10e. STREET AND NUMBER		PIMORE CITY	,	T	10d. INSIDE CITY LIMITS? 1X YES 2 NO						
FUNERAL	2734 W. MOSHER STREET		10f. ZIP CODE 21216	5	US	WHAT COUNTRY?						
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 2 Married 3 Nover Married 2 Married 12. WAS DECEDENT EVER IF FORCES? 1 Nover Married IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2X NO Speci	en, Puerto Ricen, etc.)	Spe	CE American Indian, ck, White, etc. city: BLACK						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondery (0-12) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY							
COM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Maiden	Sumeme)							
BE	GARFIELD HOOPER, SR.	19h MAILING AD	FLORI DRESS (Street and Number or Rural	ENCE JOHN								
5	WILLIAM BLAKE &		W. MOSHER ST			ID. 21216						
			N (Name of cemetery, crematory or		CATION — City or 1							
	4 Donation 5 Dether (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
- 1	LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE											
	TX SOUTH	\(\lambda\)	4600 LIBERT	Y HEIGHT	S AVENU	E						
	23. PARTY. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiac or respiretory errest, intended in the cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)											
		CONSEQUENCE OF):										
ON		CONSEQUENCE OF):				1						
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	RFAIL	JRE									
CERTIFICATION	that initieted events resulting in death) LAST	CONSEQUENCE OF):										
	PART II. Other significant conditions contributing to death b	ut not resulting in t	na undariving cause given is	Part I. 24s. WAS A	AUTOPSY 24	b. WERE AUTOPSY FINDINGS						
MEDICAL				PERFO 1 TYES	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?						
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	theck only one)								
SIC	EXAMINER? 1 YES 2 NO 1 PROPINE 2 ER/Out;		THER: Nursing Home 5 - Residence									
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b. TIME O		28d. DESCRIBE HOW	INJURY OCCURED							
		— At home, ferm, stre- city)	t, fectory, office	281. LOCATION (Street City or Town, State		I Route Number,						
Solicide 4 Homicide Gould not be determined Duilding, etc. (Specify) 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated.												
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER L'OMCO H. HOSPITAL	Physian		RO3	29d. DATE SIGNE ▶ 7-2	ED (Month, Day, Year) ~90						
F		WOOD H	OS PITAL CE	NTER , B	ALTIMOR	RE NO.						
	JUL 0 5 1990 Julia Duridson Randa	ATURE										
		history				DHMH-16 Rev 1/						



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BALTIMORE, MARYLAND 21203

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and the country to the country of	the State Dept. of Health and Menta	or item 23 shows any injury,
the first continued that both organical	eath with the State Dept. of Health and Menta	marked, or item 23 shows any injury,
HITCHEST THE COLUMNIC HER COLUMNIC OF THE COLU	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

													20	10123
	FOR 1 STATE		STATE OF N	MARYLAND /						MENTA		E		
	REGISTRAR 1. DECEDENT'S NAME (First,)	Middle Leet		CE	=RIII	ICATE	OF	DEA	Н	2 DATE	REG. NO.	102/	2012	TIME OF DEATH
,	CORA EAR	RLE	HENKLE	/ Cora	a Ea	rle				MDN	rH 07 04	02 9	EAR D	1135 Am
- 10	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las	-	MONTHS 1	DAYS	IF UHDER	24 HRS. MIN.	(Mon	th, Day, Year)	8.	Country)	ACE (State or Foreign
				68	YRS.	at 027V	201101.0	R LOCATION	211 25 25	7	-06-21			inia
œ	9a. FACILITY NAME (If not inst	1.1	1 1			Bul			ON OF DE	AIH		9c. COUNT		н
2	HANES	HOSPI	700			tu	1 () 1)	0, C						
E		10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
<u>-</u>	MD	Bal.	timore					tim						YES 2 X NO
FUNERAL DIRECTOR	100 STREET AND NUMBER	HEST	50 A	W			101	ZIP CODE	07	7		10g. CITIZE		T COUNTRY?
NE	11. MARITAL STATUS	HEST		IT EVER IN U.S. AR	MED	42 V	MS DEC	ENDENT C	E HISDAN	IIC OBIG	IN? (Specify Yes	or No.— 1	USA	American Indian,
	1 Never Merried 2 I	Married		YES 2 X		lf.	yes, spe		n, Mexica	n, Puerto	Rican, atc.)	G NO-	Black, V Specify:	Yhite, etc.
BY	3 Wildowed 4 Divor	ced	n 720, 0172 1	WIT ON DATES			_ ,23	2 24 110	оросп	,			ороспу.	White
	15. DECE (Specify only	DENT'S EDU	CATION completed)	16a, DE (G	CEDENT'S	work done dise retired.)	CUPATIO	N st of workli	ng	16	b. KIND OF BUS	SINESS/INDUS	TRY	
۳	Elementary/Secondary (0-	12)	College (1-4 or 5	+) //fe.										
COMPLETED	8th 17. FATHER'S NAME (First, Mic	idle (ast)			НО	usew	lie		HED'S NA	MF /First	Middle, Maiden	OME		
	David		st Fr	anklin				10. 110.			a Goi			
) BE	19a. INFORMANT'S NAME (Ty)			- T	b. MAILING	3 ADDRESS	(Street a	nd Number			mber, City or Tow		ode)	
٩	Nan C. M									<i>r</i> e.	Balt			21207
	20a METHOD OF DISPOSITION 1.4 Burial 2 Cremation		oval from State	20b. PLACE other pl	lace)			-				CATION — CH		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Loudon Park Cemetery Baltimore, MD 22. NAME AND ADDRESS OF FACILITY MacNabb Funeral Home, P.A.									MD					
	George E. MacNabb 301 Frederick Rd. Balto., MD 21228 23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
			complications the List only one car			not anter	the mo	de of dy	ing, auc	h as ca	rdiac or reapi	retory arres	it,	Approximate Intarval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Chronic Congestive Cardiac failure Due to (or as a consequence of Cardia only of pathy) Dilated Cardio myo pathy													
	resulting in death)	7	a. DUE TO	(OR AS A CONSE	OUENCE C	orn es	714	و	Cu	1 (())	ac 1	0000	n -	
z			a Dilo	red		Car	d	on	ryc	po	athy			
SE SE	Sequentially list condition if any, leading to immed cause. Entar UNDERLYIF	liata	DUE TO	(OR AS A CONSE	OUENCE (OF):			0	,	0			
FIC.	CAUSE (Disease or Injur that initiated eventa		c. DUE TO	(OR AS A CONSE	OUENCE C	OF):								
CERTIFICATION	resulting in death) LAST		d.											
2	PART II. Other aignificar	at condition	a contributing to	death but not	resulting	in the un	derivin	Causa	oiven In	Part I	24e WAS AN	ALITOPSV	245 W	ERE AUTOPSY FINDINGS
SAL	PART III. Other arginitosis	T ODIIGHIOI	- continuenting to	oguar bat ribt i	. coulding	m and an	derry m	y cause	given in	rart i.	PERFOR	RMED?	Al	WAILABLE PRIDE TO OMPLETION OF CAUSE
ED											1 TYES 2	- WO		F DEATH?
≥ :											1			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF E	EATH (Ch	eck only	one)		_	
YSIC	1 YES 2 X NO		1 Inpatient 2	ER/Outpatient 3	DOA 🗆	4 Nurs		• 5 □ R	esidence	8 🗆 Ott	ner (Specify)			
F	27. MANNER OF DEATH 1 X Natural 5 1	Pending	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TH	ME OF JURY M		RK?	7.00	28d. Di	EȘCRIBE HOW I	NJURY OCCU	RED	
BY	2 Accident	rivestigation	28a. PLACE (OF INJURY — At he	ome ferm			YES 2 [_ NO	281.1.0	CATION (Street	and Number o	- Rural Rou	to Number
COMPLETED		Could not be letermined	building	atc. (Specify)	, , , , , , ,	,	.,,			Cit	y or Town, State)			,
님	29a. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the beat o	f my knowledge, de	eath occur	red at the ti	me, date	and place	, and due	to the c	ause(a) and ma	nner sa atated	1.	
OM	anal .	CAL EXAMINE	R: On the basis of	examination and/or	investigat	ion, in my o	pinion, d	leath occu	red at the	time, de	te and place, er	nd due to the	cause(a) a	nd manner as stated.
ш	29b. SIGNATURE AND TITLE	-		MA				29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (N	fonth, Day, Year)
10 B		DEDSON WA	1	M · D .	M 970 /E	o Dulan)						7	12/	10
	30. NAME AND ADDRESS OF		gnes Ho				. C	a tor	η Α τ	eni	ie Ra	1 to	MID	21 22 9
	31. DATE FILED (Mgn/th Day, Ybor) 32. REGISTRAR SHIGHATURE													
	JUL	0 5 19	yu guhi	L-Wavidson-	-Mande	156								

transit permit. Pages 1, 2, 3 should

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CASE

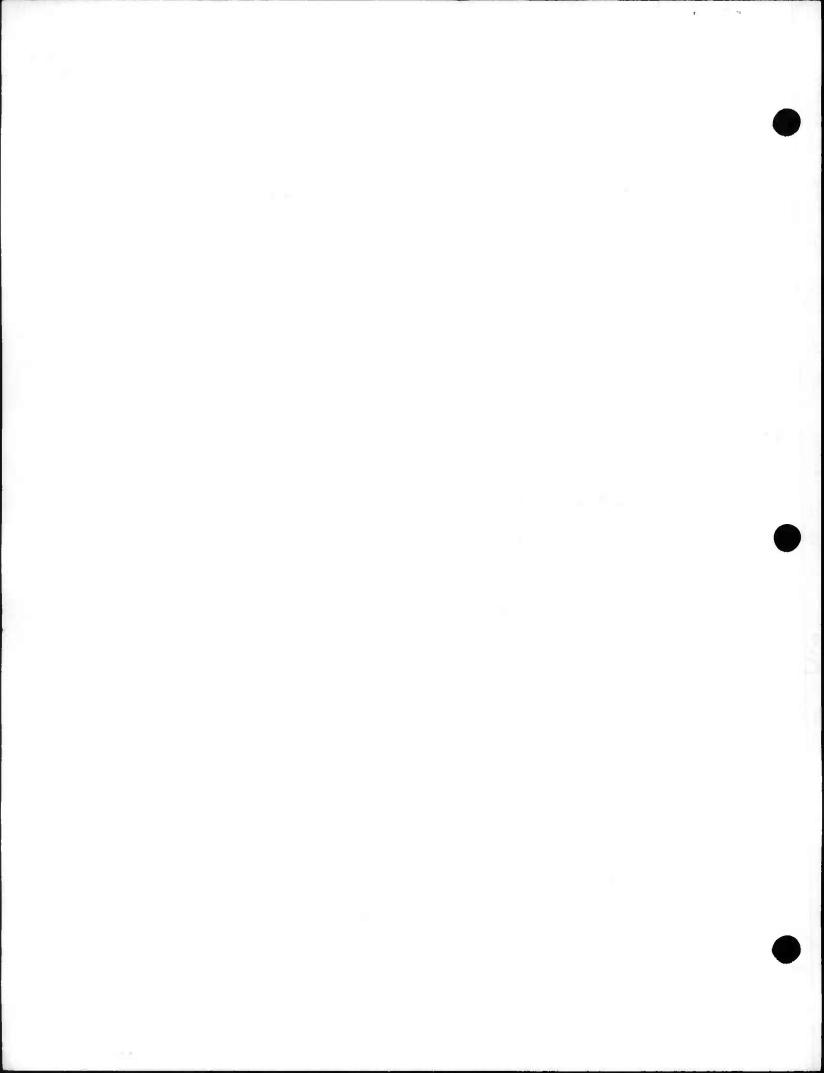
J.OLE FILE (MONTO 290)

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Lawrence Ku	szmaul Jr			2. DATE OF D	EATH		3. TIME OF DEATH	
	Lawrence K	uszman/	, 01	•		MONTH	28	4	8 2:39 PM	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	нтя	8. 8	BIRTHPLACE (State or Foreign	
	212-03-8997	1 M 2 D F	96 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day	4-18	393 6	Maryland,	
	9a. FACILITY NAME (If not institution, give st	reet and number)		CITY, TOWN O	R LOCATION OF DE			9c. COUNTY		
OR	Fallston General	Hospital		Fallsto			Han	ford.		
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1	10c, CITY, T	OWN OR LOCAT	ION				10d, INSIDE CITY	
DIRECTOR		rford		liston			LIMITS?			
FUNERAL	3230 Suffoll	ELA		101	2 1047		10g. CITIZEN	OF WHAT COUNTRY?		
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Black, White								
교	1 Never Merried 2 Married									
6	3 Widowed 4 Divorced									
COMPLETED BY	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	JAL OCCUPATIO	ON et of working	100		NESS/INDUST		
呵	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life, Do NOT use re					ore Ga		
MP	10 years		Electrica	l Engi	neering	E1	ectr	ic Com	ipany	
8	17. FATHER'S NAME (First, Middle, Last)	77 -	1		18. MOTHER'S NA					
BE	Lawrence	Kuszmau	11		Emma V	irgini	a Poi	rter		
0	19a. INFORMANT'S NAME (Type/Print)			sounce in c	nd Number or Rural I					
-		Buriel 2 Cremation 3 Removal from State other place)								
	20e- METHOD OF DISPOSITION 1 10- Burlel 2 - Cremation 3 - Remo									
	□ Donation 5 □ Other (Specify) Highview Memorial Gardens Fallston, Maryla									
	21. SIGNATURE OF FUNERAL SERVICE LIC	22. NAME AND ADDRESS OF FACILITY 6500 York Road Mitchell-Wiedefeld Home Baltimore, MD 21								
	John G. Reit		as !	Mitche	ett-Miede	erela H	lome :	Baltin	nore, MD 21212	
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do not	antar tha mo	da of dying, suc	h as cerdiac	or respire	atory arrest		
	IMMEDIATE CAUSE (Finel	List only one couse on e			0 1		1		Interval Between Onset and Death	
	diseese or condition resulting in death)	massi	re Gereh	10 Vano	war /7	caide	ent		16 HRS	
	resulting in death)		A CONSEQUENCE OF):							
Z		b								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
THE	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):							
H	resulting in death) EAST	d								
AL C	PART ii. Other significant condition	s contributing to death i	but not resulting in t	ha undariyin	g cause given in	Part i. 24s	. WAS AN A		24b. WERE AUTOPSY FINDINGS	
S		-					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						— ''	_ TES 2 [NO	OF OEATH?	
2			-			-			1 1 125 2 1 10	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	-	-	28. P	ACE OF DEATH (Ch	eck only one)				
EXAMINER? 1 YES 2 NO NO No No No No No No No										
Η	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. TIME C	F 28c. IN.	URY AT			JURY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		PRK? YES 2 NO					
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, farm, stre	et, factory, offic			N (Street ar	nd Number or i	Rural Route Number,	
里	4 Homicide datermined	wanting, area (ope	, and y			Oity or io	Ari, Gidioy			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occurred	nt the time, date	end place, end due	to the causele) end manr	ner ee stated.		
MC	cond. oray								euse(e) end manner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIES	1)11:			29c. LICENSE NUI	MBER	Т	29d. DATE SI	IGNED (Month, Qay, Year)	
BE	The second secon	Taura Con				1207		>	6/12/AO	
		01/8							1-1-	

 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 mm to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

	REGISTRAR	OF MARYLAND /	DEPAR						YGIENI EG. NO.	E		
_	1. DECEDENT'S NAME (First, Middle, Last) Oseph	Н.		Lee	, Sr			2. DATE OF C	DEATH DAY		YEAR 3.	1030PM M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8. AGE (In yrs. Ia	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day 12-2	иятн 5-19	13	8. BIRTHPLA Country)	MCE (State or Foreign
J.R	9a. FACILITY NAME (If not institution, give street and number Maryland General			9b. CITY		R LOCATIO		ath e Cit	у	9c. COU	NTY OF DEAT	н
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Links	Y. TOWN C		www.						
DIRE	Md 106. COUNTY			timo		Юн						A. IHSIDE CITY LIMITS? YES 2 NO
ERAL	3936 Penhurst Avenue				101.	ZIP CODE	1215			1.0	S A	T COUNTRY?
BY FUNERAL DIRECTOR	1 Never Married 2 Married FORCES	CEDENT EVER IH U.S. AI ? 1 X YES 2 C GIVE WAR OR DATES			If yes, apo		n, Maxican	C ORIGIH? (Si i, Puarto Rican		or Ho-	Specify	American Indian, hite, atc. Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-12th	(0	ECEDENT'S Give kind of le. Do NOT u	work done	CCUPATIO	ON st of workin	g	16b. KIN	D OF BUS	SINESS/IHO	DUSTRY	
E CO	17. FATHER'S HAME (First, Middle, Last) Jobe Lee						HER'S NAM	NE (First, Middle 10	e, Maiden	Surname)		
±0-8€	19a. INFORMANT'S NAME (Type/Print) Elmer Lee	15		ADDRESS 6 Per				oute Number, C				215
8	2(s. METHOD OF DISPOSITION 1 A Burlal 2 Cremation S Removal from St. 4 Donation 5 Other (Specify)	20b. PLACE other p				retery, crem		et			City or Town, Mills	
	21. SIGNATURE OF FUNDAL BETWIE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Exists the physical or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or	is that caused the d	laath. Do	not anter	the mo	de of dyi	ng, auch	aa cardiac	or reapi	ratory ar	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting it death) Ventricular asystole Due to (or as a consequence of):											
Z	Con	gestive 1	hear	t fa	i11u	re						
CATIC	I if any, leading to immediate	ue to (or as a conse diomyopa:		F):								
CERTIFICATION	that initiated events resulting in death) LAST	UE TO (OR AS A COHSE	EQUENCE O	F):								
S	PART ii. Other algnificant conditions contribut	ing to death but not	resulting	In the ur	deriving	n cause o	alven in i	Part I 24s	WASAN	AUTOPSY	24h Wi	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERFOR	MEO?	AM CC DF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL FXAMINER?				_	ACE OF D	EATH (Che	ck only one)				
YSIC		nt 2 ER/Outpatient	3 🗆 DOA	4 Nu		e 5 □ Re	aldanca	8 🗆 Other (Sp	pecify)			
ву рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	ATE OF IHJURY lonth, Day, Year)	28b. TIN	IE OF JURY M		URY AT PRK? YES 2] NO	28d. DESCRI	BE HOW I	HJURY OC	CCURED	
		LACE OF INJURY — At hullding, atc. (Specify)	nome, farm,	atreet, fac	tory, offic	a			H (Street a wn, State)	and Numbe	er or Rural Rout	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 ERTIFYING PHYSICIAH: To the MEDICAL EXAMINER: On the ba											nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		N	ID		29c. LIC	n/a	IBER		29d. DAT	7 / 2 /	onth, Day, Year) 90
10	Hilal Reckhar	D CAUSE OF DEATH (IT	EM 27) (Тур		о М	ary]	land	Gene	ra1	Но	spita	1
	31. DATE FILED (Month, Day, Year) Julia Dayidso	GISTOAR'S SIGNATURE										



notified at once.

medical examiner must be

the

other traumatic event,

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

295. BIGNATURE AND TIPLE OF CERTIFIER

John S. Rogers 31. DATE FILED (Month, Day, Year) 5

39-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type), Print)

1990 Julia Dendon R

use as the bunial-transit permit. Pages 1, 2, 3 should 7

urs after death. Page 6 may be retained by the hospital or attending physician. completely filled in by the funeral director, page 5 should be detached for rial, cremation, or removal. requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and combe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic ev

												3	0 1	313
	FOR STATE REGISTRAR		STATE OF M				NT OF H			MENTAL HYGI REG. I				
}	1. DECEDENT'S NAME (First,	Middle, Last)	·-							2. DATE OF DEATH		VEAD	3. TIME OF DEA	ATH
Ì	ARTHUR	LEW	VIS	LEVIN	E					МОНТН	30 I	L990	3:23	A. M
1	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (in yrs. ia:	st birthday)	-	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	7)	6. BIRTHPLACE (State or Foreign Country)		
Ì	094-26-7165	5	1 X (X M 2 □ F	56	YRŞ.	MONTHS	B DAYS HOURS MIN. (Month, Day, Year)				, 1934	1934 New York		
1	9a. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CI	TY, TOWN C	R LOCATIO	ON OF DE	ATH	9c. COL	NTY OF D	DEATH	
DIRECTOR	4920 Melinda	a Cour	rt				Rocky	rille			Mo	ontgo	omery	
RESIDENCE OF DECEDENT														
뷘	10e. STATE 10b. COUNTY 10c						OR LOCAT						10d. INSIDE CIT	
	Md Montgomery						kvill	e.					1 YES 2] NO
4	10e. STREET AND NUMBER						101	ZIP CODE			10g. CITIZEN OF WHAT CO			
UNERAL	4920 Melinda		20853						1. S.	Α.				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER				RMED	10				IC ORIGIN? (Specify		14. RAC	E — American Inc.	dlen,
ב	1 Never Married XX 1		IF YES, GIVE V	YES 2	R DATES			2 00	Specify		,		"White	
<u>"</u>			l		6s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUS						wille			
<u> </u>		EDENT'S EDU		(0	Give kind of	work don	ne during mo		g	166. KIND OF	BUSINESS/IN	DUSTRY		
4	Elamentary/Secondary (0-	-12)	College (1-4 or 5	+)		Dept. of Commerce					u.s.	Gov'	t	
ŝ	THE RESERVE NAME OF THE PARTY OF	Industrial Control				90.00	0 0							
	Leving									ME (First, Middle, Mai Batonick				
媧	TOTAL STREET							L						
1	ANT'S NAME (Ty	17.30.30.50								Route Number, City or			1 20852	
U	harren Levi	<u>cne</u>								Rockville	., mari	jeano	1 20033	
	1X X Burial 2 Cremation		ioval from Stata	20b. PLACE	olece)						LOCATION -			,
	4 Donation 5 D Other			_ Crowl	nsvil	le	Veter	an's	Cen	netery C	rowns	rille	, Marylo	ınd
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	Λ.		13	3 NAT 4	D ADDRE	SSOFFA	N HEB. M	EM. FU	INERA	L HOME.	INC.
	1 Vone	rld	m.	Xte	en	2	32 CA	RROL	L ST	REET, N.	W. WA	SHIN	IGTON. 1). c.
	23. PART I. Enter the di												Approxi	mete
- 1	shock, or he	eert fellure.	List only one ceu	use on each lin	10.								Interval	Between

Onset end Death IMMEDIATE CAUSE (Finel disease or condition Metastatic carcinoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): carcinoma of the colon. 3 yrs. Sequentially list conditions, if eny, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reculting in death) LAST 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1

YES 2 □ NO 26. PLACE OF OEATH (Check only one HOSPITAL:
1 | Inpetiant 2 | ER/Outpetient 3 | DOA OTHER: ng Home 5 X Residence 8 □ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as ateled. (Check only one)

29c. LICENSE NUMBER

1919 Seminary Road, Silver Spring, MD 20910

D09975

Deputy Medical Examiner

29d. DATE SIGNED (Month, Day, Year)

6/30/90

all war and the same

Pages 1, 2, 3 should or attending physician.

BALTIMORE, MARYLAND 21203-3146

BOX 13146, P.0. DIVISION OF VITAL RECORDS.

after death. Page 6 may be retaing by the ASDIR executed within certificate be PHYSICIAN: The law requires that the death HOSPITAL OR ATTENDING 出 2 a M

> 31. DATE FILED (Month, Day, Year) 05

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2	hin 72 hours after death	ORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or oth	Į
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH DAY 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MARGIE LEVEY MARTIE LEVEY JUNE 30. 1990 8:33 A.M. 7. DATE OF BIRTH A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 460-46-3449 62 YRS. DAYS HOURS 1 🗌 M 2 🔀 F JAN. 6 1928 TEXAS 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 900 FLAGTREE LA 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 X Married 1 - YES 2 X NO Specify: SpecWHITE B 3 Widowed 4 Divorced HE CONTINUETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) AT HOME 3 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname JAKE SILBERSTEIN IDA DAVIS 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zio Code) 900 FLAGTREE CT. HAROLD LEVEY BALTO. MD 20a. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or ARLINGTON (CHIZUK AMUNO) BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO 21215 MD 23. PART L Error the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** k, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease of condition Acute MYPLOID lev MOS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 28b. TIME OF 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At he building, etc. (Specify) ome, farm, atreet, factory, office 3 Suicide 6 Could not be 0 4 Homicide Ħ 29a. CERTIFIER COMPLI 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and pieca, end due to the ceuse(e) end manner as stated. 29h SIGNATURE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6/30/90 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF

DHMH-16 Rev 1/89

Rudolph Cane
31. DATE FILED (Morith, Day, Year)

0.5 1990

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tran
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE REGISTRAR	STATE OF MA			TMENT				ENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF D	EATH	
,	Mary	A. V.			MARX			-	July 1,	1990	YEAR	5:15	n	М
- 1	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last		IF UNDER 1	VEAD	IF UNDER 2	M MDC	7. DATE OF BIRTH			HPLACE (State of		
	216-03-2149	1 M M M M M M M M M M M M M M M M M M M	93.	YRS.		DAYS	HOURS	MIN	(Month, Day, Year) 12–13–18	196	Count		ruraga	
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	тожн о	R LOCATIO			9c. COL	INTY OF I	DEATH		
0 B	Franklin Square	Hospital	<u> </u>				Ross	vill	.e	Balt	imor	re Coun	ty	
DIRECTOR	10a, STATE 10b. COUNTY	timore		10c. CIT	Y, TOWN OF	rLOCAT	a/Fu]	llert	ion			10d. INSIDE (LIMITS? 1 YES 2		
FUNERAL	100. STREET AND NUMBER 2 Delight Avenue					101.	ZIP CODE 2123	36		10g. CI1	USA	WHAT COUNTR	r	
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT I			13. W	AS DEC	ENDENT OF	F HISPANIC	ORIGIN? (Specify	E — American	ndlen,			
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 TO Specify:								Spec	white etc. White					
COMPLETED	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N .		16b. KIND OF	SUSINESS/IN				•
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gir life.	Do NOT u	work done do se retired.)	uring mo	at of working	7						
7	4th grade	conego (1 v or o r)	Ho	usew	ife				Ho	nemaki	ing			
2	17. FATHER'S NAME (First, Middle_Last)		110				18. MOTH	ER'S NAM	E (First, Middle, Maid	len Sumeme)				
	John Meskill						100		sta Stet					
BE	40 - DICOPRIANTIC MARK (To - Colon)		1 401			M					in Ondal			_
5														
20a. METHOD OF DISPOSITION 1 CX Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Parkwood Cemetery 20c. LOCATION — City or Town, State Parkwood Cemetery Baltimore, Maryland 21. SIGNATURE OF BUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home														
										.nd				
	> Levely Fe	011	lone -								200	01.07/		
1000									r Rd. Ba					
	23. PART I. Enter the diseases, or conshock, or heart failure.				not enter	the mo	de of dylr	ng, such	es cerdiec pr re	epiratory a	rreet,	Appro	dmata	een
	IMMEDIATE CAUSE (Finel	THE PARTY OF THE PARTY OF											and De	
	disease or condition resulting in death)	Terminal	Demen:	tia										
	resulting in ceatiny	DUE TO (C	OR AS A CONSEC	DUENCE C	OF):									
z		n.												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEC	DUENCE C	OF):									
8	cause. Enter UNDERLYING													
直	CAUSE (Disease or Injury that Initiated events	DUE TO (C	OR AS A CONSEC	DUENCE C	OF):									
듄	resulting in deeth) LAST	ė.												
8														_
4	PART II. Other algnificant condition	e contributing to d	leath but not r	esuiting	In the unc	dariyin	g cause g	lven in P	Part I, 24a, WAS	AN AUTOPSY FORMED?	24	AVAILABLE PE		4GS
8									1 _ YES	2X NO		OF DEATH?	OF CAUS	汇
빌												1 TYES 2	□ NO	
2														
A	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF DE	FATH (Chec	ok naky one)					_
$\overline{\circ}$	EXAMINER?	HOSPITAL:			OTHER	1:								
\ X	1 TYES 2 TANO	1 🕅 Inpatient 2 🗆		7					Other (Specify)		0011050			_
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. DATE OF II (Month, Day	NJURY /, Year)	26b. TII	JURY	WC	URY AT ORK?		28d. DEŞCRIBE HO	W INJURY O	CCURED			
B	1 Natural 5 Pending 2 Accident Investigation				м	1 📙	YES 2	NO						
	3 Suicide 6 Could not be		INJURY - Al ho tc. (Specify)	me, farm,	street, facto	ory, offic	•	1	28f. LOCATION (Str. City or Town, St		er or Rura	l Route Number,		
1	4 Homicide determined													
"	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of a	ny knowledne de	ath occur	rad at the ti	me dete	and place	and due !	o the cause(e) and	menner ee e	ated.			
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											(e) and manner	as state	d.
8	100		WILLIAM STREET	vestrydt	, my 01	panion, C		-a er tire t	ueta enu piece					
ш	296. SIGNATURE AND TITLE OF CENTIFIER	1		1-	1		29c. LICE	NSE NUM	BER			D (Month, Day,		
TO B	Kurlolate the	mo	Medica	IL IL	Herr	ı		(17)	′`		oury	1,1990	,	
F	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	F OF DEATH (ITE	M 27) (Two	e Print)									

DHMH-16 Rev 1/89

Balto,,Maryland

21237

9000 Franklin Square Dr.

BALTIMORE, MARYLAND 21203-3146

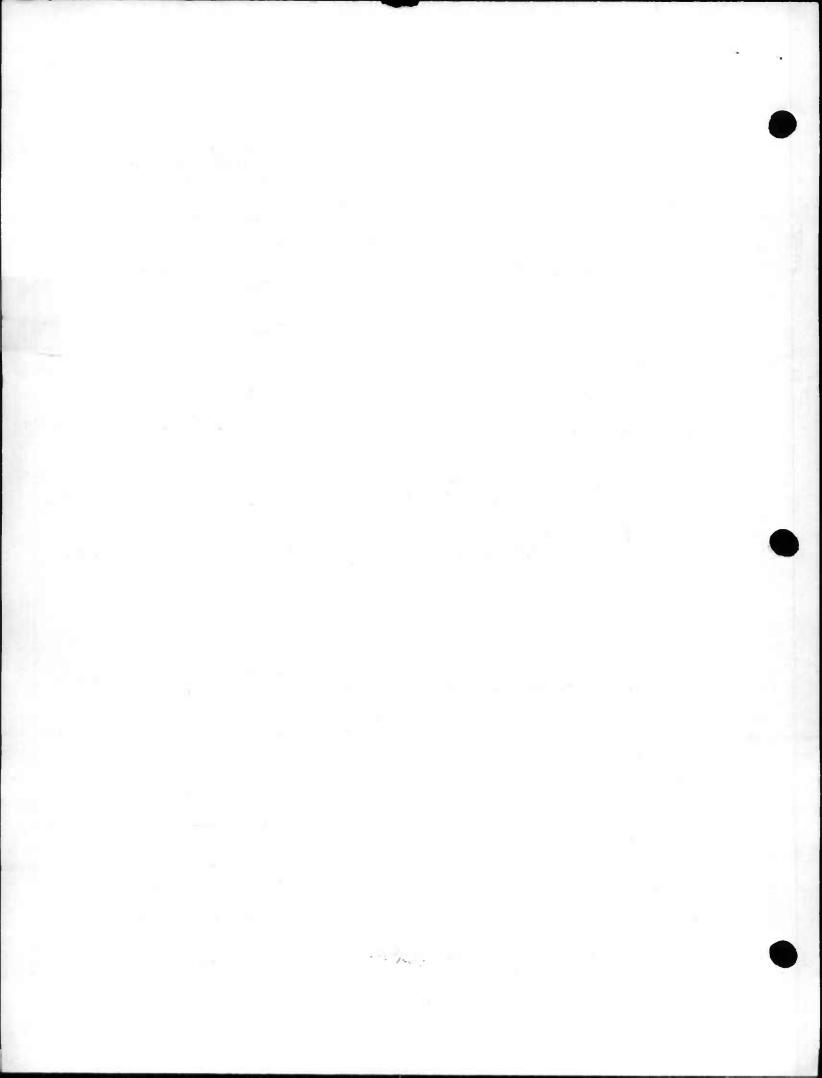
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ISION OF VITAL RECORDS, P.O. BOA 13146,	TTEN	STOR:

31. DATE FILEO (Month, Day, Year) 32.

JUL 0 5 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH	v ve	3. TIME OF DEATH		
	Thomas W. Mead					Jun		,1990	4:00 pm		
	4. SOCIAL SECURITY NUMBER 214-28-5101		7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	J. DATE OF	P BIRTH	933 1	STATE OF FOREIGN COUNTRY) SOUTH OF THE STATE OF FOREIGN		
	9e. FACILITY NAME (If not institution, give		7 1113.	9b. CITY, TOWN (OR LOCATION OF D		20,1	9c. COUNTY			
JR.	2444 Bull Sawn			Freela					imore		
5	RESIDENCE OF DECEDENT		40- 077	TOWN OR LOCAT					10d, INSIDE CITY		
DIRECTOR		timore		eeland	ION				LIMITS?		
	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	2444 Bull Sawn	nill Rd.			21053			U.S	.A.		
F	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 XYES	U.S. ARMED 2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic	an, Puerto Ri		or No- 14.	RACE — American Indian, Black, White, atc.		
ВУ	3 Widowed 4 Divorced	F YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Spec	tty:			Specify: white		
CD.	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S	USUAL OCCUPATIO	ON pet of working	16b. I	KIND OF BUS	SINESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		rork done during mo retired.) Owner		_	500	& Beve	arage		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Tavelli	OWITCE	18. MOTHER'S N				stage		
Ö	William Meadow	vcroft			Edith						
TO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Aurei						
F	Carole A. (Ric						-				
	20e. METHOD OF DISPOSITION 1 Description Method Burlet 2 Cremetion 3 Rer	noval from State	PLACE OF DISPOS	TION (Name of cer	Memori	ial G	20c. LO	CATION — City	or Town, State imonium, MD		
	1 Startel 2 Cremetion 3 Removal from State Dulaney Valley Memorial Gardens Timonium, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SURVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY JJ Hartenstein Mortuary, Inc.										
	· Jan	est XIn	Tomston	JJ	Hartens	stein	Mor.	tuary	, Inc. om Pa 17349		
	23. PART I. Enter the diseases, or	complications that cause	the deeth. Do n								
	ahock, of heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and De										
	disease or condition resulting in death) a. metastatic adenocarcinoma of thereatism to the lung oue to (or as a consequence of):										
		OUE TO (DR AS A	CONSEDUENCE OF	n: U							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS /	CONSEQUENCE OF	7 ;							
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C									
	that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEDUENCE OF	7):							
CER		d									
AL	PART II. Other aignificant condition				g cause given in	n Part I.	24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	_ Chronic !	enal ins	officie	neey			1 TES 2	MD ND	OF DEATH?		
			/*			-			1 TYES 2 ND		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (C	Check only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Hon	ne 8 🗹 Residence	8 🗆 Other	(Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	28b. TIM INJ		JURY AT ORK?	28d, OE\$0	RIBE HOW I	NJURY OCCUR	EO		
	2 Accident Investigation	28e PLACE DE INJURY	/ — At home, farm, s		YES 2 ND	28f. LOCA	TION /Street	and Number or I	Rural Floute Number,		
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spe	cify)	,		City o	r Town, State)				
J.E.	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	riedge, death occurre	ed at the time, date	and place, end du	ue to the caus	e(e) and ma	nner as stated.			
OMI	ann)	IER: On the besie of examination	n and/or investigatio	n, in my opinion,	death occured at th	ne time, date o	end place, er	nd due to the ca	ause(e) end menner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFI	90 -4	1 45		29c. LICENSE N		,		GNED (Month, Day, Year)		
10 B	Wonald to	: 1300 /new,	M.O.		MD 027	0021		6	-29-90		
	20. NAME AND ADDRESS OF PERSON W DONALD L. BORT	NGR, M.D. 40	SOUTH	BROAD SI	. NEW	FRE	600	mip	4-17349		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	4.1				,,,			
	1111 05	1000 A. A.		4.00							

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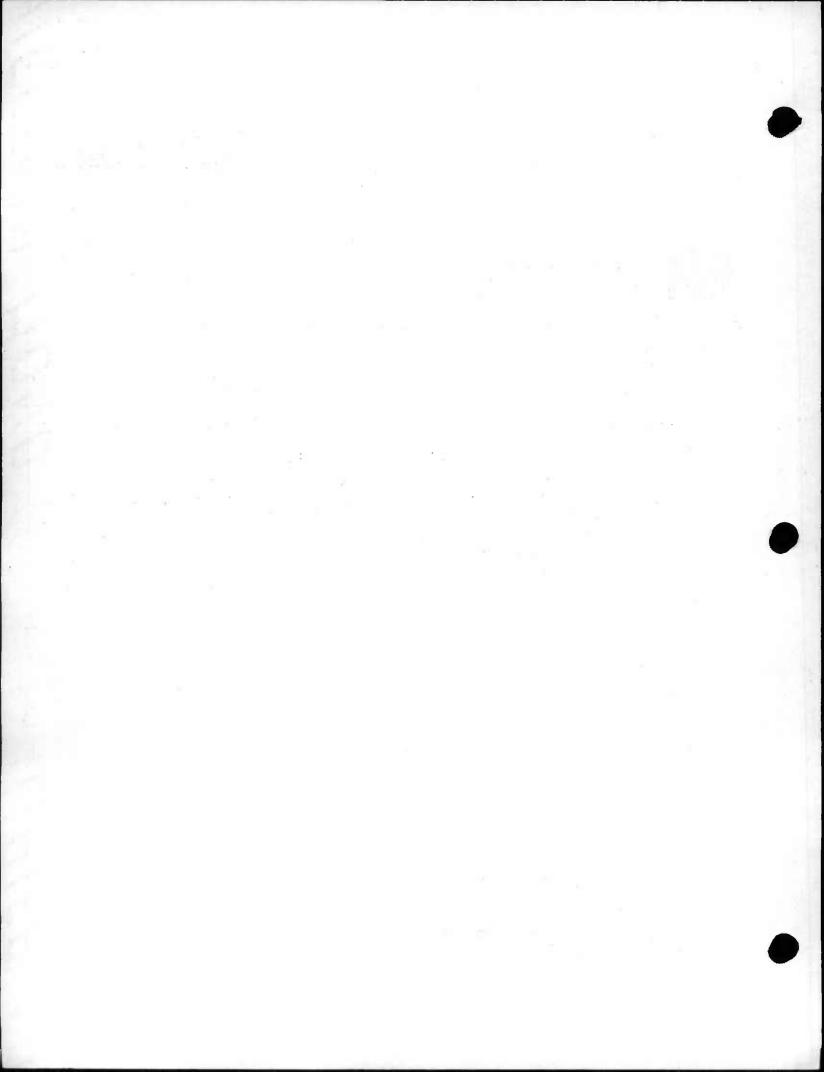
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)			ICATE OF	DEATT		REG. NO.			
	MA CCIA	6-			2	MONTH DA		YEAR 90	1545 D
BEN JAMIN 1 4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In was	last birthday)	IF UNDER 1 YEAR	IF UNDER 24	HIDS 7	DATE OF BIRTH	1	A. BIRTH	IDI AGE (State or Foreign
212-28-0430 1×12		YRS.	MONTHS DAYS		MIN.	(Month, Day, Year) 4/25/189	7	Counti	HUSTRIA
9e. FACILITY NAME (If not institution, give street and number	13		BY. CITY, TOWN	OR LOCATION	OF DEATI		9c. COUNTY OF DEATH		
LEVINDALE				ALTE					
LEVINDALE RESIDENCE OF DECEDENT				., -, -, -, -, -, -, -, -, -, -, -, -, -,					
10b. COUNTY			TY, TOWN OR LOC						10d. INSIDE CITY LIMITS?
mp		B	BALTIMOR	Ξ					YES 2 NO
THE TAND NUMBER			1	of. ZIP CODE			10g, CITIZ	ZEN OF V	VHAT COUNTRY?
PARK HEIGHTS AVE				212				JSA	
Married 2 Married FORCES?	EDENT FVER IN U.S. 1 PYES 2 IVE WAR OR DATES	XIO		Mexicen, F	ORIGIN? (Specify Yea Puarto Rican, atc.)	Speci	white etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S	S USUAL OCCUPAT	ION		16b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12) College (1-4	or 5+)	life. Do NOT L	use retired.)	iosi or working					
6		OWN	IER			DR'	Y GOO	DDS	
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER	R'S NAME	(First, Middle, Meiden	Surname)		
SABATO MASSING					CI	HARNA UN	KNOWN	1	
19e. INFORMANT'S NAME (Type/Print)						te Number, City or Town			
MRS. SHIRLEY MASSING						, APT. 3			
20e, METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 Removal from Star	20b. PLAC	r place)	OSITION (Name of c				CATION —		
4 Donation 8 Other (Specify)	BE	TH EL	MEMORIA			DALLS	TOW	N, MD	
. 11 / 14/11	7			AND ADDRESS		W & BROS.	, TNC	1	
Hydre, Lxlll	man					STOWN RD.			MD 21215
Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury		AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):							
d									<u> </u>
PART II. Other significant conditions contribution	ng to death but no	ot reculting	In the underlyi	ng ceuse giv	en in Pa	rt i. 24a. WAS AN		241	WERE AUTOPSY FINOING
	AL IN.					_ 1 TES 2			COMPLETION OF CAUSE OF DEATH?
CANCER PROST	FATE	WITH	HIET H	ATTA	212		t		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEA	TH (Check	only one)			
	L: t 2 ER/Outpatient	3 🗆 DOA	4 Shursing Ho	me 8 🗆 Resid	dence 6	Other (Specify)			
(Mc	TE OF INJURY onth, Day, Year)	26b. Til		JURY AT	2	ed. DESCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 []	NO				
3 Culaida 28e. PL	ACE OF INJURY At Iding, etc. (Specify)	t home, ferm,	, street, factory, of	ice	2	61. LOCATION (Street a City or Town, State)		or Rural	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful one of the control of the control one of the contr									a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER	101-10	Date	40.4.5	29c. LICENS					(Month, Day, Year)
					561			_	7-90.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEVIND ALE ZUS									
BALTIMORE	mi).			MAY F	+ LE	2434 V	4.13E	LNE	RDERE AVI
	mi).			NAY F	+ 1 4	2434 V	4. KF	LNE	RDERE AVE



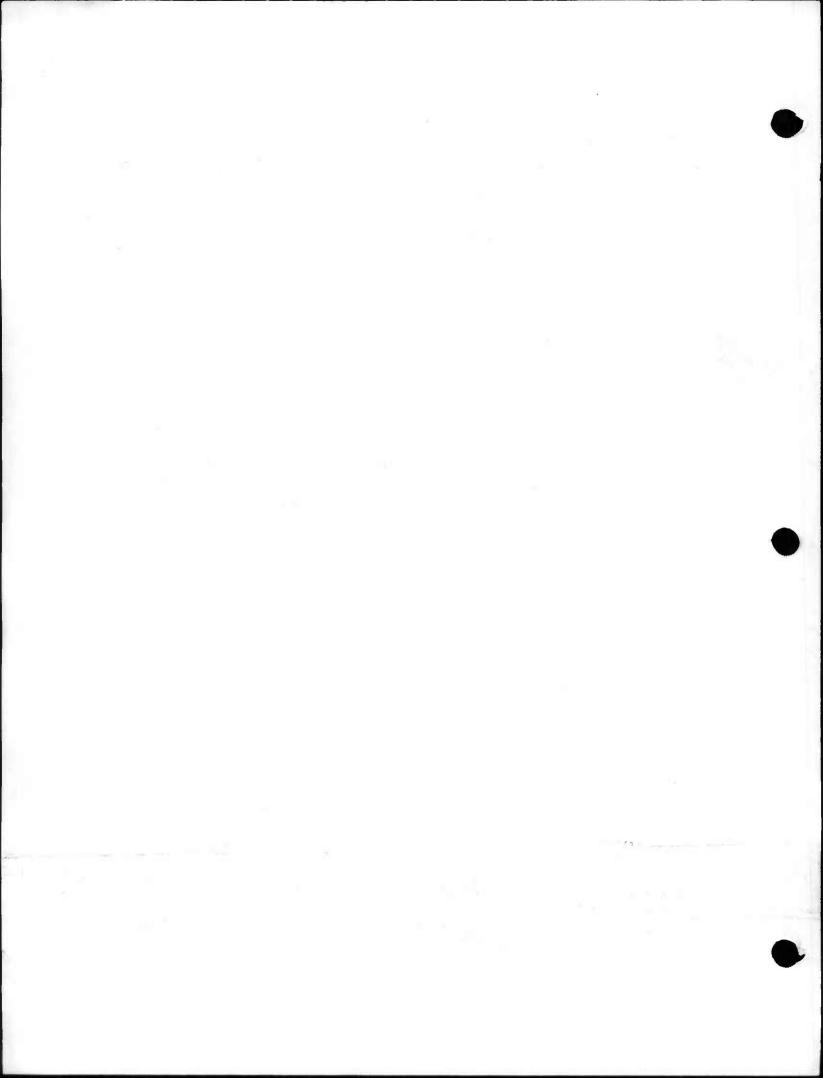
BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the tay by the funeral director, page 5 should be demonal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

physician.

bunial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be stard marking to having the marking of removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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requir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for each within 20 hours after death with the State Dent of Health and Merial Honjene prior to burial premaring or removal	show
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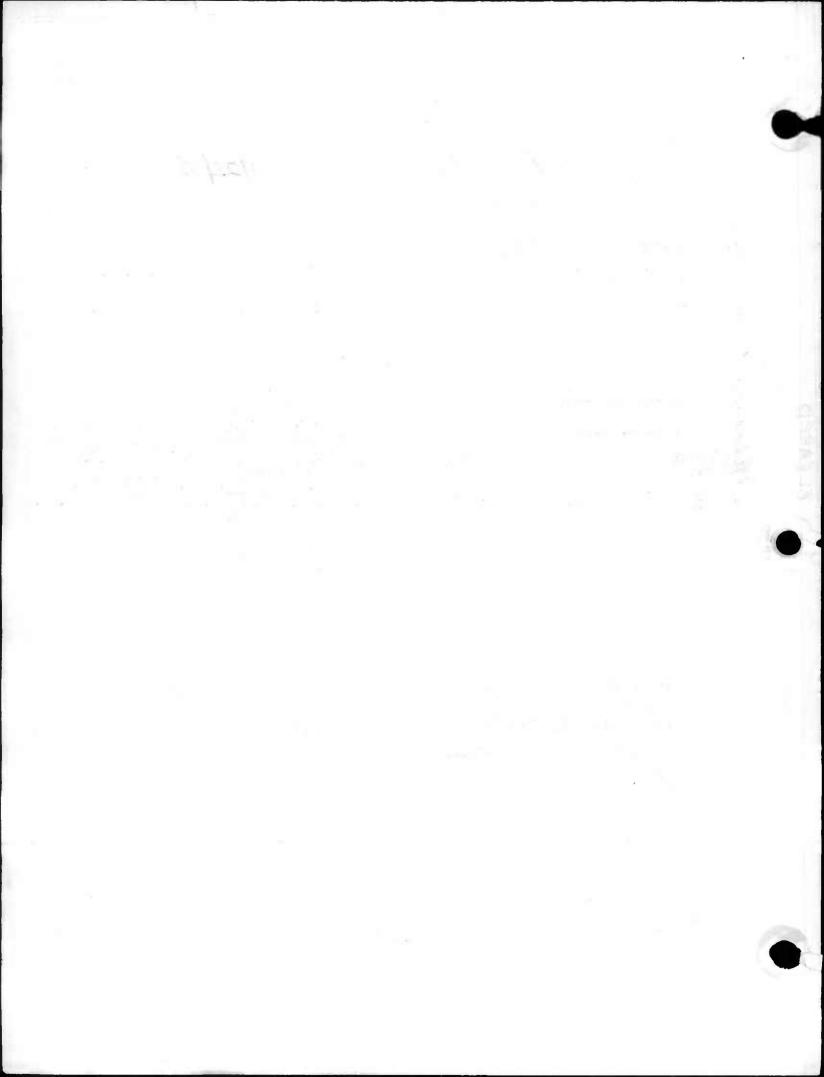
	1 - STATE OF MARY	(LAND / DEPARTMENT OF CERTIFICATE OF		NTAL HYGIENE REG. NO.						
}	1. DECEOENT'S NAME (First, Middle, Last) MEYER M. MIL	LER		DATE OF DEATH MONTH DAY 2 9	3. TIME OF DEATH 1: 20 Am					
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. ACC 21 3 09 9356 1 \times M 2 \square F	(In yrs. last birthday) IF UNDER 1 YEAR WONTHS DAYS		DATE OF BIRTH (Mgnth, Day, Year) 3/31/04	BIRTHPLACE (State or Foreign Country) RUSSIA					
OR	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITA	-L BAL	OR LOCATION OF DEATH	9c. COUNTY	Y OF DEATH					
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY TOWN OR LOCA	TION	G	10d. (NSIDE CITY LIMITS?					
	10e. STREET AND NUMBER		H. ZIP CODE		N OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVE FORCES? 1 YI I Y I Y YES, GIVE WAR OF	S 2 XXO If yes, s	CENDENT OF HISPANIC Copecify Cuben, Mexican, Pros 2 NO Specify:	ORIGIN? (Specify Yee or No— 14 uerto Ricen, etc.)	Black, White, etc.					
NO BY	3 Wildowed 4 Divorced 15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S USUAL OCCUPAT (Give kind of work done during n	ION	16b. KIND OF BUSINESS/INDUS	WHITE					
	Elementary/Secondary (0-12) College (1-4 or 5+)	ilie. Do NOT use retired.) EXECUTIVE		KITCHEN I	MANUFACTURING					
CO	17. FATHER'S NAME (First, Middle, Last)			(First, Middle, Maiden Sumame)						
BE	ISRAEL MILLER		HATTI	1,460,0						
2	19e. INFORMANT'S NAME (Type/Print)			e Number, City or Town, State, Zip Co						
	MRS. BARBARA SUSSMAN 20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of c		Y. OWINGS MILL:						
	**Buriat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	BETH TFILOH		BALTIMOR						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	SOL		BROS., INC.	o., md 21215					
	23. PART I. Enter the diseases, or complications that cau shock, or heart failure. List only one cause or		ode of dying, such as	s cardiac or respiretory arres	t, Approximate interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) AUTO NATREMIA									
	resulting in death)	S A CONSEQUENCE OF:								
_		(MONIA								
5		S A CONSEQUENCE OF):								
CA	cause. Enter UNDERLYING CAUSE Disease or injury	D								
CERTIFICATION	that initiated events resulting in death) LAST	S A CONSEQUENCE OF):								
	O	e . solicourse and six	- 11-5-2011-51							
CAL	PART II. Other significant conditions contributing to deat	n but not reaulting in the underlyi	ng cause given in Par	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE					
PHYSICIAN: MEDIC	7.02.0.7	-		1 TYES 2 NO	DF DEATH? 1 YES 2 NO					
N										
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26.	PLACE OF DEATH (Check	only one)						
YSI	1 YES 2 NO 1 tnpetient 2 ER/C	Outpatient 3 DOA 4 Nursing Ho	me 5 Reeldence 6							
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	ir) INJURY V	JURY AT 26 ORK? YES 2 NO	6d. DEŞCRIBE HOW INJURY OCCU	RED					
		JRY — At home, farm, street, factory, off Specify)	ce 28	B1. LOCATION (Street end Number of City or Town, State)	Rural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my king one)	1								
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBE		SIGNED (Month, Dey, Year)					
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)		> 0	6/28/40					
	BEHRINGER	MD, R.	NAT 4	tosPITH2						
1	31. DATE FILED (Month, Day,	TURE								
U	DE 10 1000									



CLEARED

)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the juntal action page 5 should be detached for use as the fundal-trained permit. Pages 1, 2, 3 should
- Parou
IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical me

						9	0 18138			
-	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATION	OF HEALTH AND	MENTAL HYGIEN REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last) ARON ML	ISHINSKY				AV YE.	AR O O P M			
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs. Inst		1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Maa)	8.8	HRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give stree	t and number)	9b. CIT	TUESD	EATH /	9c. COUNTY	OF DEATH TGOMERV			
6	RESIDENCE OF DECEDENT	7111/1	100	-1112201	7	1-1010				
DIRECTOR	Maryland Montg	omery	ROCKL				10d. INSIDE CITY LIMITS? XX YES 2 □ NO			
FUNERAL	100. STREET AND NUMBER 6121 Montrose Road			20853			S. A.			
BY FUN	11. MARITAL STATUS 1. X Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES XX N IF YES, GIVE WAR OR DATES	0	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 ☐ YES XX NO Specif	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEOENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12)	moleters (GA	CEDENT'S USUAL C ve kind af work done Do NOT use retired.) NONE	during most of working	16b. KIND OF BU	SINESS/INDUST	RY			
	17. FATHER'S NAME (First, Middle, Last) Harris Mushinsky				AME (First, Middle, Maiden ie Suchetz					
TO BE	19a. INFORMANT'S NAME (Type/Print) Lewis K. Kest			s (Street and Number or Flural dland Drive,			haryland20910			
	80a. METHOD OF DISPOSITION Donation 5 □ Other (Specify)	other place of the	Sholom To	ame of cometery, crometory or almud Torah	Cong. Wa	shingto				
	SIGNATURE OF FUNERAL SERVICE LICEN	m Stre		NALU M. STE			ERAL HOME HINGTON, D. C.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Fine) CARDIOMANDIATE Approximate Interval Between Onset and Deetle Cause of Control of Cardiomann Cardiom									
	resulting in death) e. ISCHEMIC OFF:									
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEC	QUENCE OF):		_					
CERTIFICATION	CAUSE (Disease or injury that initiated events reculting in deeth) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):							
2	PART II. Other significant conditions	contributing to death but not r	equition to the u	nderfylna cause given Ir	Part I. 24s. WAS AF	N ALITTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL	ATRIAL F	1BRILLATI	DN			RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	SEIZURE VACUTAL PR	DISOKDER	UIDEN	1ENITIA			1 🗆 YES 2 🗖			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2 MAURILION	VI DEL	26. PLACE OF OEATH (C	theck only one)					
IYSIC	1 - YES 2 12/NO 1	HOSPITAL:		FR: iraing Home 5 ☐ Residence 28c, INJURY AT		IN HOW COOLIN				
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28m. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY M	WORK?	28d. DEŞCRIBE HOW	INJUNY OCCUR	EU			
	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, street, fa	ctory, office	28f. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	enal constant	AN: To the best of my knowledge, de					ause(a) and manner as stated.			
BE	296, SIGNATURE AND TITLE OF CERTIFIER	shall mc	STAFI	29c. LICENSE NI	UMBER 7392	29d. DATE SI	GNED (Month, Day, Mear)			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Typel, Print)	HEBREW HO	ME	7	10010			



TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2x-x-ors after death. Page 6 may be retained by the incoming to a signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as make filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF M			ICATE				MENTAL HYGIE! REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	RUTH		IEDWAY						(c 3		90	10:50 PM
	4. SOCIAL SECURITY NUMBER 202-03-6180	5. SEX	6. AGE (In yrs. lest 71	birthday)	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Mooth, Day, Year) 6/16/19		Countr	PLACE (State or Foreign Y) ENNSYLVANIA
	9e. FACILITY NAME (If not institution, give				8b. CITY	. TOWN C	P LOCATIO	ON OF DE		9c, COUP	YTY OF D	
BO	THE JOHNS HOPKIN	S HOSPITA	L		1	TIM				2 -		40 m
EG	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y		10c. CI3	Y, TOWN (OR LOCAT	ION					10d, INSIDE CITY
DIRECTOR	MARYLAND	BALTIMOR	E			LTI						LIMITS? 1 YES 2 X NO
K	10e. STREET AND NUMBER					101	. ZIP CODI			10g. CITI	ZEN OF V	VHAT COUNTRY?
霻	25 TENTMILL LAN							21208			US	
夏	11. MARITAL STATUS 1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S. ARN YES 2 NO AR OR DATES X			If yes, sp	ecify Cube	n, Mexica	IIC ORIGIN? (Specify You, Puerto Ricen, etc.)	a or No—	Black	E — American Indian, c, White, stc.
B	3 Widowed 4 Divorced	In tes, Give w	IRH OH DATES 21			1 TES	² XX	Specify	/: 		Speci	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		(Gh	e kind of	work done			ng	18b. KIND OF BI	JSINESS/IND	USTRY	
占	Elamentary/Secondary (0-12)	Collega (1-4 or 5+	+)		KEEP	ER			CONSTR	וופיידט	N CO	
OM	17. FATHFR'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First, Middle, Maide		LV CO	•
BE C	HERMAN SHAI	NE .						5	SARAH UNK	NOWN		
0	19a. INFORMANT'S NAME (Type/Print) MARVIN MEDWAY								Route Number, City or To		Code) 1.208	
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion	noval from State	20b. PLACE C	OF DISPO	SITION (N	me of cer	netery, cren	natory or				wn, State ND, PA
	4 Donation 5 Other (Speed)		SHA	LOM	MEMO				11		KULA	ND, PA
	* Landul L	Ttelly	10.1						& BROS.,		_	MD 21215
	6010 REISTERSTOWN RD. BALTO., MD 21215 22-PART I Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or need anilure. List only one cause on each line.											
	IMMEDIATE CAUSE (Finel Onset end Death											
	disease or condition resulting in deeth) . metastatic Carcinoma c inferior year											Lyear
		DUE TO	(OR AS A CONSEO	UENCE (OF):	al.	1+	#	,	U		
O.	Sequentisity list conditions, if eny, leeding to immediate	b. DUE TO	(OR AS A CONSEO	UENCE C	OF):	00	100	ww.	UN .			IYEAR
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or injury	· Jac	stic_	Cor	ici	no	mo					year
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEO	UENCE (OF):							/
B		d										
CAL	PART II. Other significent condition	ne contributing to	deeth but not re	sulting	in the u	nderiyin	g ceuse	given in	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-								1 YES	2 NO		OF DEATH?
PHYSICIAN: MED									_			1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTUE		LACE OF D	EATH (Ch	eck only one)			
YSI	1 TES 2 NO	1- Inpatient 2	ER/Outpatient 3		-	rsing Hon		eeldence	6 C Other (Specify)			
ву Рн	27. MANNER OF DEATH 1. Natural 5 Pending Investigation	28a. DATE OF (Month, D	ay, Year)	26b. Til	ME OF JURY M	WC	JURY AT ORK? YES 2 [□ NO	28d. DEŞCRIBE HOW	INJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O	OF INJURY — At horetc. (Specify)	ne, ferm,	street, fac	tory, offic	:0		281. LOCATION (Stree City or Town, Stat		r or Rural i	Route Number,
LET	29e. CERTIFIER 1 CERTIFYING PHYS	PICIANA To the heat of			4 - 4 - 61		001.	2017	.Day .See. Ass.	Cis#Jelenia	10.7	
COMPLETED	cool only											e) and manner ee stated.
H	29b. SIGNATURE AND TITLE, OF CERTIFIE	PIALA	M.O.		orl	t-	29c. LIC	ENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUS	SE OF DEATH (ITEN	1 27) (Typ		LVII.	/	, 1	 	1	1	1
	31. DATE FILED (Mayon, Day, Year)	ULK.	JOHNS	Ite	ptin	S //	OSpi	Terl				
	JUL/80/1880 Jul	62, REGISTRA	Market	1			0					
								_				

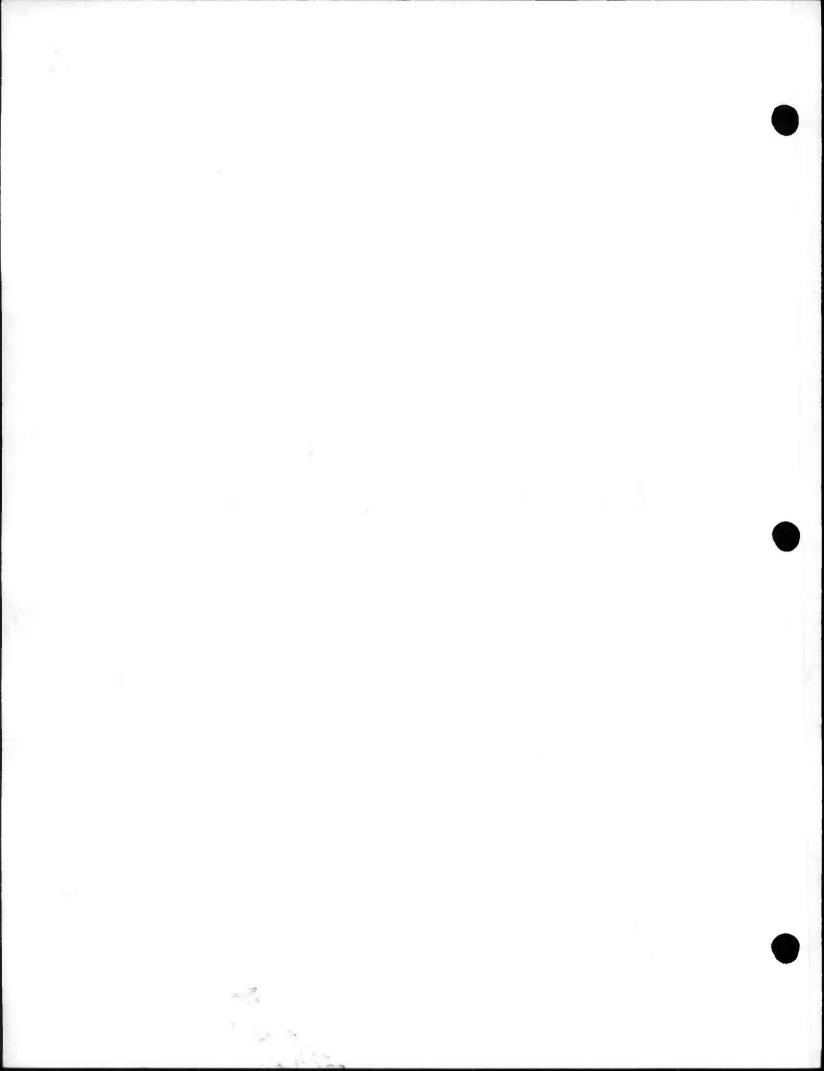
DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

Pages 1, 2, 3 should

th. Page 6 may be received to the cital or attending physician.	neral director, payers the property and for use as the burial-transit permit, Pages 1, 2, 3 s	miner must be notified at more.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be examined to provide the internal or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, payment of the payment of the burial-transit permit. Pages 1, 2, 3 s filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be natifi-	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

							0 10140			
1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last)	l N	ELSO			2. DATE DF DEATH MONTH DA	v year	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 5.5	SEX 6. AGE (In yrs		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7. DATE OF BIRTH (Month, Day, Year) 11 - 11 - 24 8. BIRTHPLACE (State or Fore) Country) ###################################				
Sa. FACILITY NAME (If not institution, give street	and number)	0 9	b. CITY, TOWN	OR LOCATION DF DI		9c. COUNTY D	F DEATH			
RESIDENCE OF DECEDENT	1 HOSPITCH		Kun	dallst	Wy	BAL	1/Molle			
10a. STATE 10b. COUNTY		10c. CITY, 1	Dalto	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER	1 11 -		10	OI. ZIP CODE		10g. CITIZEN O	PF WHAT COUNTRY?			
11. MARITAL STATUS 12.	WAS DECEDENT EYER IN U.S.				NIC DRIGIN? (Specify Yea	or No— 14. R	ACE — American Indian, lleck, White, atc.			
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR DR DATES		1 🗆 YE	S 2 ND Specif		S	pecity: Black			
15. DECEDENT'S EDUCATION (Specify only highest grade complete the property (0-12) Complete the property	ON 18a. pleted) oflege (1-4 or 5 +)	DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during m	ast of working	16b. KIND OF BUS		provement			
17. FATHER'S NAME (First, Middle, Last)	lson			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
19a. INFORMANT'S NAME (Typo/Print) Helen Nelso	n	19b. MAJLING AI	DORESS (Street	and Number or Rural	Ave E	State, Zip Code,	ul 21215			
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLJ othe	CE OF DISPOSIT	ON (Name of or	emetery, crematory or	Repl 20c. LO	CATION - City o	r Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENS	lasch		22. NAME	and address of Fa	E. H. Will	T had	<u> </u>			
23. PART I. Enter the diseases, or complete shock, or heart feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)			t enter the m	ode of dying, suc	ch as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COR	SEQUENCE OF):	RACI	INFO	ZTION					
PART II. Other significant conditions of	ontributing to death but n		the undertyle	ng cause given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OSPITAL: Inpatient 2 ER/Outpatien 28a. DATE OF INJURY (Month, Day, Year)		OTHER: Nursing He OF 28c. III	PLACE OF DEATH (C) me 5 Residence IJURY AT IORK? YES 2 ND	8 Other (Specify) 28d, DESCRIBE HOW I	NJURY OCCURE	D			
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, str	eet, factory, off	lce	281. LOCATION (Street a City or Town, State)	and Number or Ru	iral Route Number,			
One)	N: To the best of my knowledge on the basia of axamination and						rse(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER	Till	MI		DIZ	MBER 7 5 7	29d. DATE SIG	NED (Month, Day, Year) -30 -90			
30. NAME AND ADDRESS OF PERSON WHO CO	ESTRE, B			COUNT	4 GENER	LAL H	OSPITAL			
31. DATE FILED (Month, Day, Year)	32 REGISTRARIE SIGNATU				1					



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Dixon, MD

Ann M.

UL 0 5 1990

urs after deem. Page 5. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 — Gu's after dear Property TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the therein do be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

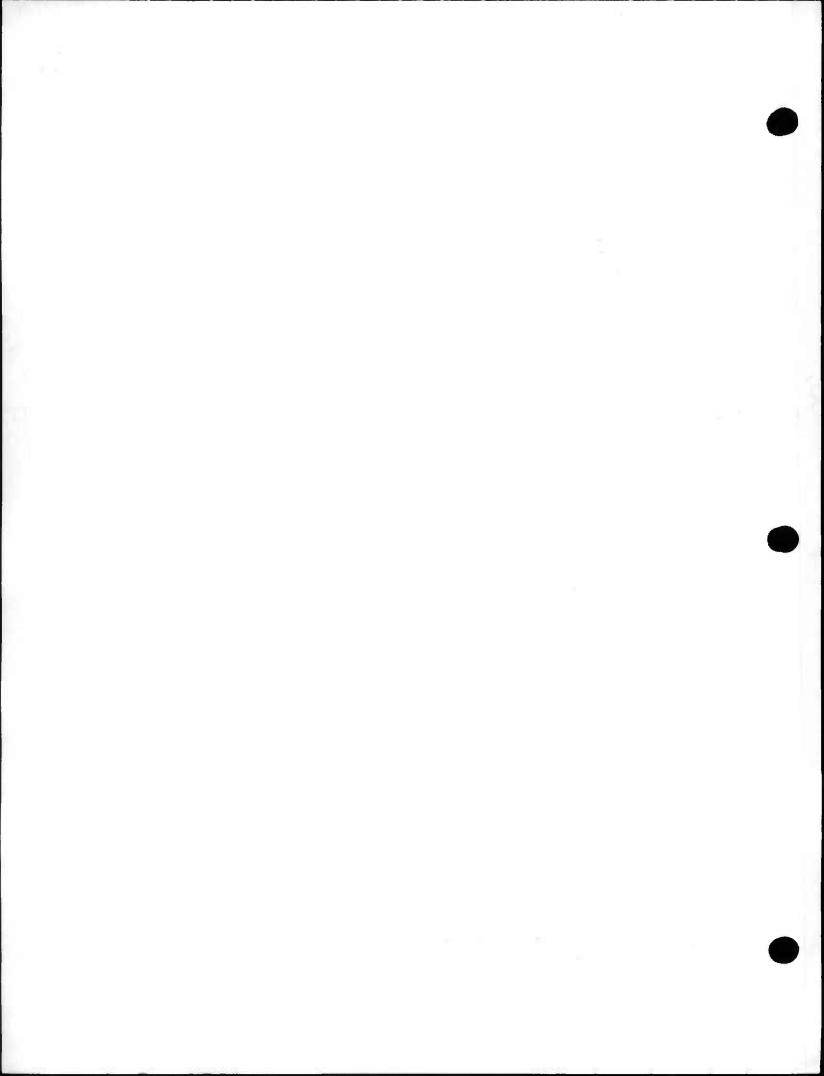
IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examined.

												91	181	13
	1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce				EALTH A			YGIEN EG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEA	TH
		Adgre	A. W.		P	ears	on,Sr	.	MONTH 1-	90 "	AY	YEAR	10:31A	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24	4 NRS.	7. DATE OF B	IRTH			HPLACE (State or F	oreign
	251-24-7204	1 📉 M 2 🗆 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day		3	Coun	S. (С.
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH					-132		UNTY OF		-
Œ	2203 W. Lafayet	te Avenu	ie.			Ralt:	imore	Cit	-37					
DIRECTOR	RESIDENCE OF DECEDENT					Dar c.	Inorc	, С1	-1					
HE C	10a. STATE 10b. COUNT	Υ			.,	OR LOCATIO	ON						10d. INSIDE CIT	γ
	Md			Ba	ltimo	ore							1 X YES 2	NO
AL	10e. STREET AND NUMBER					101.	ZIP CODE				11000		WHAT COUNTRY?	
FUNERAL	2203 W. Lafaye	ette Aver	nue				217	216			U	S A		
5	11. MARITAL STATUS		NT EVER IN U.S. AR		13.	WAS DECE	NDENT OF	HISPANIC	ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Ind	llan,
	1 Never Married 2 Married		WAR OR DATES	***			2 NO		Puerto Mican	i, wic.;			clfv:	
ВУ	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										Black			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ive kind of	work done	CCUPATION during most	N t of working		16b, KIN	D OF BU	SINESS/IN	DUSTRY				
E	Elementary/Secondary (0-12)	+) life.	. Do NOT u	se retired.)										
MP.	6th													
8	17. FATHER'S NAME (First, Middle, Last)								E (First, Middle		Surname)			
BE		rson							Gads					
Ä	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zio Code)												216	
Ma.	Adgre Pearson, Jr 2203 W. Lafayette Avenue Baltimore, Md 21216													
48	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Western Star Cemetery Catonsville, Md													
羅	4 Donation 5 Other (Specify) Western Star Cefficiery Catonsville, MG 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West													
	March F/H West 4300 Wabash Avenue													
==	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreet,													
	shock, pr heert failure. List only one cause on each line.													
	disease or condition Arteriosclerotic cardiovascular disease													
	resulting in death) Arterioscierotic cardiovascular disease Due to (or as a consequence of):													
_	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
AT	if eny, leeding to immediate cause. Enter UNDERLYING													
F	CAUSE (Disease or injury that initieted events	DUE TO	O (OR AS A CONSE	OUENCE C	F):									
H	reaulting in death) LAST	al .												
S														
AL	PART ii. Other significent condition	na contributing to	o death but not a	resulting	in tha u	ndarlying	cause gi	ivan in P	Part i. 24	PERFO	AUTOPSY	/ 24	Ib. WERE AUTOPSY AVAILABLE PRIO	R TO
EDICAL									1	YES :	2XXVIO		OF DEATH?	CAUSE
M	<u> </u>								_ _			.	1 🗆 YESXXX	NO
AN									I	NSPE	CTIC	N		
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Chec	ck only one)					
/SICI	1)XXX€S 2 □ NO		☐ ER/Outpetient 3	DOA	OTHE	rsing Home	XXX.	idence 6	Other (Sp	necify)				
PHY	27. MANNER OF DEATH	26a. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF	28c. INJU			26d. DEŞCRI	BE HOW	INJURY O	CCURED		
BY §	1 Xixiyural 5 Pending 2 Accident Investigation	A Decide			М		'ES 2 🗌	NO						
0	3 Suicide 6 Could not be	26e. PLACE building	OF INJURY — At he	ome, farm,	street, fac	tory, office	i			N (Street own, State		er or Rura	i Route Number,	
ETEI	4 Homicide determined							_ 1	,	,	,			
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, de	eth occur	red at the	time, date	and place.	and due t	o the cause(s	and ma	nner aa si	ated.		
Σ														
8	29b, SIGNATURE AND TITLE OF CERTIFIE		-			ī	29c. LICE	_					ED (Month, Day, Yea	
BE		200						ME			D	0.0116	7-2-90	./
_	1 /\ I V	- IN VI					(A.	45113			1 1		1 1 7 7 1	

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VC

111 Penn Street, Baltimore, MD 21201





burial-transit permit. Pages 1, 2, 3 should

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.	,			
	1. DECEDENT'S NAME (First, Middle, Lest) Peregoy, Marvin					2. DATE OF DEATH DO NORTH DO 3 C	90	3. TIME OF DEATH		
	213 10 1178	XM2□F 9	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 30, 1	897 Maryland			
TOR	9a. FACILITY NAME (If not institution, give stree Union Memorial			96. CITY, TOWN	DEATH					
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY		
_ DIRECTOR	Maryland Balt	to. City	В	Baltimor	E ZIP CODE		LIMIT YES 100. CITIZEN OF WHAT COUN			
FUNERAL	1217 W. 37th Street	et			21211		U.S	100		
N FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 M Wildowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO ATES	13. WAS DEC	E — American Indian, ck, Whita, atc. city: ite					
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	18e. DECEDENT'S I	USUAL OCCUPATI ork done during me retired.)	ON ast of working	18b. KIND OF BU	SINESS/INDUSTRY			
豐	Elementary/Secondary (0-12) 4th	College (1-4 or 5+)	Bus Dri			M.T.	Α.			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden				
BE CON	John Peregoy		-	-	<u> </u>	beth Meyer				
2	19a. INFORMANT'S NAME (Type/Print) Thomas D. Peregoy					Route Number, City or Tow 1timore, M		21211		
	20s. METHOD OF DISPOSITION	20	. PLACE OF DISPOS				CATION — City or T			
	1 Donation 5 Other (Specify)	al from State	etro Crei	matory		Cato	onsville.	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	1	22. NAME A	NO ADDRESS OF FA	Burgee-H	lenss Fur	neral Home		
	* Kumm L	Burger D	euss)					ryland 21211		
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final									
	disease or condition resulting in death) e. H3CVD DUE TO (OR AS A CONSEQUENCE OF):									
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
IFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events C. DUE TO (OR AS A CONSEQUENCE OF):									
ËH	resulting in death) LAST		_							
DICAL CERTIFICATION	PART II. Other eignificent conditions	contributing to deeth I	, 7		g ceuse given in	PERFO	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI	Carpesta	Al.	bilace	CONTR-		1 TYES	1 5 40	OF DEATH?		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL	, chrok	ic a hite	C Fibre	LACE OF DEATH (C	heck only one)				
SICI	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER:		8 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, s	street, factory, offi	G•	281, LOCATION (Street City or Town, State		l Route Number,		
COMPLETED	(Orleck off)	AN: To the best of my know						(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Africal to	Ilda	Lin	29c, LICENSE NU	MBER / 3	29d. DATE SIGNE	ED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	=1)001	rsila. Ph.	W. B.	Oh HADIDE		
31. DATE FILED (MONTH Day Your) June Day Regist the Admitting										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-values after death. Page 6 may be retained by the intended to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be death be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.

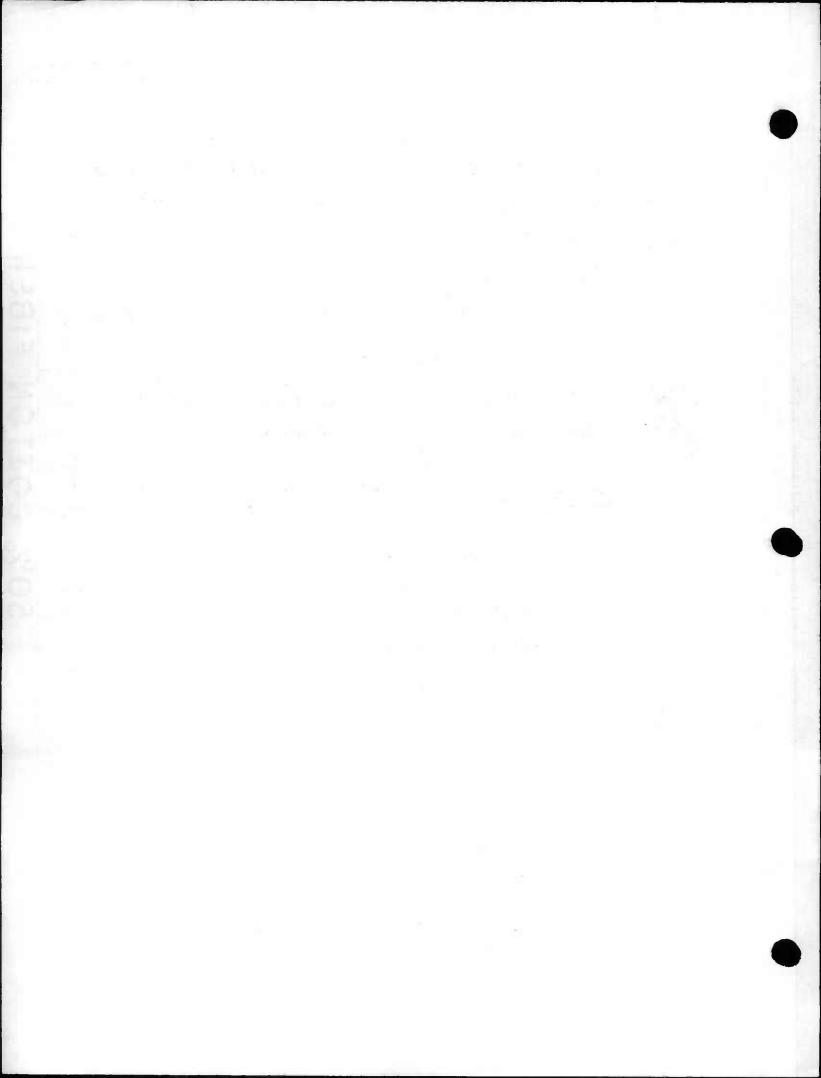
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

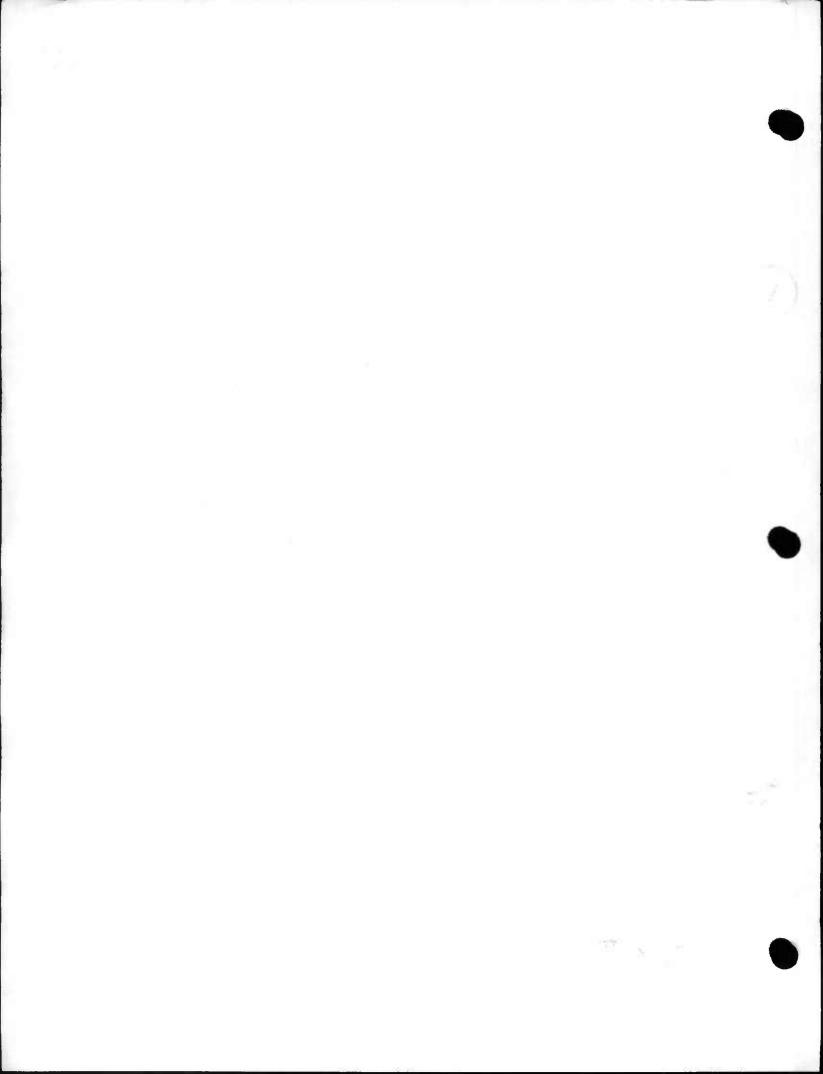
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Marv	Alice	2	рт	TTS				June 30,1	990	YEAR	12:08A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	770	8. BIRTH	IPLACE (State or Foreign
	212-36-1368	1 🗆 M 2 💢 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	9	Count	V.C.
	9e. FACILITY NAME (If not institution, give st		9b. CITY	, TOWN	R LOCATI	ON OF DE		9c. COUN				
R	FRANKIN.	E H	550		0	has	SE		Balt	:im ^o	re	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y, TOWN	001004	1001					10d. INSIDE CITY			
DIRECTOR	Mel. 1	3 Altir.		Tou. Of	(3)	1.						LIMITS?
	10e. STREET AND NUMBER	3777101		<u> </u>	<u></u>	7 AS 1	, ZIP COD	E		10g. CITIZ	ZEN OF Y	WNAT COUNTRY?
FUNERAL	12208 EAS	toni	Blue)			717	コク		log. on	11	2 4
<u>ا ج</u>	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN? (Specify Yes	or No.—	14. RAC	E — American Indien, k, White, etc.
	1 Never Married 2 Married	FORCES? 1	YES 2	10			2 NO		n, Puerto Rican, etc.)		Spec	
BY	3 Widowed 4 Divorced						74	,,,,,,,			.,	BIACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	CEDENT'S	work done	during mo		ing	16b. KIND OF BUS	SINESS/IND	USTRY	
۳	Elemantary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT U		1						
M	TZ FATHER'S NAME (First, Middle, Last)		~	DOI	MES	1/10	_					
	NAME (Managering) 19h MAII ING ADDRESS (Street and Mumber or Briefl Bouth Mumber City or Even State 7th Code)											
H												
임	TEP N.	Pitte		127	08	FO	St	- D 41	Bluck (chas	-	Md
	OF DISPOSITION	,	20b. PLACE	OF DISPO	SITION (N	eme of ce	metery, cres	matory or	0 1100	CATION -	City or To	own, State
	1 Buriet 2 ☐ Cremation 3 ☐ Remo	oval from State	other of	11	Hi	1/9			Miss	della	P	IVED Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. CBROWN COMMUNITY FH 1266 W. NOR, th AVE									4. 54		
	the C. 7	Barry			1	WM	6.1	DRO	DHO A	MU	NI	y
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate											
	Shock, or neert fellura.	List only one cer	use on each line									Onset and Death
	disease or condition e. Dilated Cardiomyopathy											
	tooditing in addition	DUE TO	(OR AS A CONSE	OUENCE C	F):							
Z	Sequentially list conditions,	Aortic	Insuff:	icier	су							
Ĕ	If eny, leading to immediate ceuse, Enter UNDERLYING	1, 401										
은	CAUSE (Disease or Injury that Initiated events	Hypok	alemia	OUENCE C	F):							
CERTIFICATION	resulting in deeth) LAST	Atria										
	DATE II ON as death and as did a										-	
EDICAL	PART II. Other algoliticent condition					nderiyin	g ceuse	given in	Part I. 24a. WAS AN PERFOR		241	AWAILABLE PRIDR TO COMPLETION OF CAUSE
ă	History Non A		Hepat:	itis	-				1 _ YES 2	NO		OF DEATH?
Σ	History Syphi								— I i			1 YES 2 NO
AN	Renal Insuff	ciency				26 P	ACE OF I	DEATH (Ch	eck only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ noa	OTHE	R:		ì	6 Other (Specify)			
H	27. MANNER OF DEATH	26s. DATE OF	NJURY	28b. TI	AE OF	26c. IN.	JURY AT	esiderice	28d. DESCRIBE HOW I	NJURY OCC	CURED	
	1 Natural 5 Pending	(Month, E	Day, Year)	IN	JURY M		YES 2	□ NO				
BY BY	2 Accident Investigation 3 Suicide 6 Could not be		OF INJURY — At he	ome, farm,	street, fac	tory, offic	10		26f. LOCATION (Street	and Number	or Rural	Route Number,
Significant of the determined building, stc. (Specify) 29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner												
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, de	ath occur	red at the	time, date	and plac	e, end due	to the cause(e) end ma	nner as stat	ed.	
8	one) 2 MEDICAL EXAMINE	R: On the basie of e	examination end/or	Investigati	on, In my	opinion,	desth occu	red st the	time, dete and place, er	d due to th	e cause(a) and menner ee stated.
	29b. SIGNATURE AND THILE OF CERTIFIE						29c. LIC	ENSE NUI	MBER	29d. DATI	E SIGNEI	(Month, Day, Year)
O BE	8						D34	563	3	▶6(301	70.
임	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAU	ISE OF DEATH (ITE	M 27) (Typ	e, Print)			1000				
	Steven Jones	MD	9000 F	rank	lin	Sa	12 re	Dr	ive 2123	7		
	31. DATE FILED (Month, Day, Year)	22. REGISTR	AR'S SIGNATURE	22		4						
	JUL 5 1990	Sulia Davis	Son-Aande	22								



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1	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
1	1. DECEDENT'S NAME (First, Middle, Last) MARTHA E. PEAKS (MARTHA			ELIZABETH			EAK	S)	2. DATE OF DEATH		r	9 ⁶	3. TIME OF DEATH 9:23 A M	
ľ	4. SOCIAL SECURITY NUMBER 214165274 5. SEX 1 □ M 2 ☒ F			AGE (In yrs. li	GE (In yrs. lest birthday) IF ((Mon		TE DF BIRTH lonth, Day, Year) -20-13		BIRTHPLACE (State or Foreign Country) M D		
	9e. FACILITY NAME (# not institution, give street and number) NORTH ARUNDEL HOSPITAL					96. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE ANNE ARUNDEL								
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					Y, TOWN	OWN OR LOCATION						10d. INSIDE CITY LIMITS?	
	MD ANNE ARUNDEL 100. STREET AND NUMBER				GLEN BURNIE, MD.						1 ☐ YES 2 🖟 NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	7326 GREEN ACRES DR. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.									IGIN? (Specify Yee or No-		USA 14. RACE — American Indien, Black, White, etc.		
à a	1 Never Married 2 Merried FDRCES? 1 IF YES, GIVE WAR (If yes, specify Cuben, Mexicen, Pr 1 TES 2 NO Specify:			Puerto Ricen, etc.)		Specify: BLACK	
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) 1 2 t h College (1-4 or 5+)				18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) UNEMPLOYED									
	17. FATHER'S NAME (First, Middle, Lest) URIAS WILLIAMS					18. MOTHER'S NAME (First, Middle, Maiden Surname) DORA GREEN								
TO BE	194. INFORMANT'S NAME (7) HELEN LA		96. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7324 GREEN ACRES DRGLEN BURNIE, MD.21061											
	20e. METHOD OF DISPOSITION 1 ⊠ Burlel 2 □ Cremetion 3 □ Removal from State				E OF DISPD	SITION (N	ame of ce	netery, crematory or	- 10	20c. LOCATION — City or Town, State ARBUTUS, MD.			own, State	
. 11-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS DF FACILITY													
Blades Warrer WM.C. MARCH F.H. 1101 E.														
													Interval Between Onset and Death	
윤	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 OTHER: 1 OTHER: 1 OTHER: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence a Other (Specify) 27. MANNER OF DEATH 28. PLACE OF OEATH (Check only one) 1 OTHER: 1 NANNER OF DEATH 28. PLACE OF OEATH (Check only one) 29. PLACE OF OEATH (Check only one) 1 NURS 2 NO 1 NURS 2 NO 1 NURS 2 NO 1 NURS 2 NO 1 NURS 2 NO 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH 1 NUMBER OF DEATH								MEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO													
	27. MANNER OF DEATH 18. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 18. DATE OF INJURY AT WORK?													
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined lettermined 28e. PLACE OF INJURY — All h				home, farm,	M 1 YES 2 NO				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated.													
BE CO	296 STONATURE AND TITLE	DESIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dis, Vear)												
٩	30. NAME AND ADDRESS O						ighw	av S	lon Pu	mio	MD	210	61	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a siter death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: Attent his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transle be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF		,	VE40	3. TIME OF DEA	ATH
			Trueman	M.		PRES"	NOT			June	30	19	90°	7:45	рм
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. las		IF UNDER 1			A 24 HRS.	7. DATE OF I			a. BIRTN	PLACE (State or I	Foreign
1	212-01-0682	2	XXM 2 □ F	85	YRS.	MONTHS	DAYS	HOURA	MIN.	(Month, Da	2-04		Countr	aryland	
	9a. FACILITY NAME (If not in:	stitution, give s	street and number)			9b. CITY,	TOWN C	R LOCAT	ION OF DE	ATH		9c. COUN	TY OF D	EATN	
DIRECTOR	Franklin So		Hospital			R	OSS	vill	.e			Bal	timo	re Cour	nty
H	10e. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OF	LOCAT	ION						10d. INSIDE CIT	ſΥ
	Maryland	Balt	imore		25	Gre	enw	ood	Aven	ue (Over	lea)		1 - YES 2 K] NO
Z	10e. STREET AND NUMBER						101	ZIP COD	77.)			10g. CITIZ	EN OF V	VHAT COUNTRY?	
E I	25 Greenwood	od Ave	nue					21	.206			Ţ	ISA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Uldowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If	yes, sp	ecity Cubi		IIC ORIGIN? (S n, Puarto Rica /:		or No—	Black	E — American Inc k, White, etc. White	dlen,
	15, DEC	EDENT'S EDU	CATION	16a, DE	CEDENT'S L	ISUAL OC	CUPATIO	ON:		18b. KIN	ID OF BUS	INESS/INDU			
E I	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5-	MA.	ive kind of wo Do NOT use	ork done du retired.)	iring mo	st of work	ing	7.22.02					
COMPLETED	8th grade	,	00.0000 (1.4 0.1 0.1	·	Wareh	ouse	Fo	rema	ın	L.	Gor	don 8	So	ns	
S I	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NA	ME (First, Midd	le, Maiden :	Surnama)			
BEC	Franklin Pr	reston						-	Soph	ia Sar	gabl	е			
	19a. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING	DDRESS	(Street a	nd Numbe	or or Rural I	Route Number, (City or Town	, State, Zip	Code)		
5	Mrs. Melba	Prest	on		25 Gr	eenw	ood	Ave	nue	Baltin	ore,	Md.	21	206	
	20a. METHOD OF DISPOSITI		novel from State	other o	OF DISPOSI							CATION — C			
	4 Donation 5 Other	(Specify)		_ (arder		_				Ba	ltimo	re,	Maryla	nd
	21. SIGNATURE OF FUNERAL	. 1		(Ranne	ral Ho	me				
	Jesesh	N JU	exercel,	Home								ore.	Mar	yland 2	1236
	23. PART I. Enter the di shock, or he	iseases, or eart failure.	Liat only ona ceu	ise on each line	D.	ot anter t	ha mo	da of dy	ing, suc	h sa cardiac	or reaple	ratory arre	eat,	Approxim	mata Between
	IMMEDIATE CAUSE (Findings)	iel	1	OR AS A CONSE	//		,		Ca	1100				Onset a	nd Death
H	resulting in death)	→	S. DUE TO	OR AS A CONSE	QUENCE OF	en/	ay							-	
,		_	. /	12 22	~	deg .	, 0	920	Le	/	and	no.	1-2		
CERTIFICATION	Sequentielly list conditi		DUE TO	(OR AS A CONSE	OUENCE OF	:								~	
8	cause. Enter UNDERLY! CAUSE (Disease or Inju	NG	с												
	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE OF	:									
ER	resulting in death) LAS		d												
	PART II. Other significa	nt condition	ns contributing to	death but not	resulting is	tha unc	lariyin	g cause	given in	Part I. 24	a. WAS AN		24t	. WERE AUTOPSY	
MEDICAL											PERFOR			AVAILABLE PRIO COMPLETION OF	
9										_ '	☐ 1E9 2	MINO	-	OF DEATH?	1 NO
_										_				1 123 2	, 110
M	25. WAS CASE REFERRED TO	O MEOICAL					26. P	ACE OF	DEATH (Ch	eck only one)					
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpetlent :		OTHER		6 5 D F	tesidence	8 Other (Si	pecify)				
主	27. MANNER OF DEATH		28a. DATE OF		28b. TIME			URY AT		28d. DESCRI	IBE HOW II	NJURY OCC	URED		
ВУР		Pending Investigation	(Month, E	ray, rear)	INJU	М		YES 2	□ NO						
	3 Suicide 6	Could not be	28s. PLACE C	F INJURY — At he atc. (Specify)	ome, farm, at	reet, facto	ry, offic				ON (Street a	nd Number	or Rural	Route Number,	
COMPLETED	4 Nomicide	determined								5.1,7 5.7	,,				
PLE	29a. CERTIFIER 1 CERT	TIFYING PNYS	ICIAN: To the best of	my knowledge, d	eath occurre	at the tin	ne, date	and plac	e, and dua	to the cause(e) and man	nor se state	ed.		
O	onel	ICAL EXAMINI	ER: On the basis of a	xamination and/or	Investigation	, In my op	inlon, d	leath occi	ared at the	time, data and	d placa, an	d due to the	cause(a) and manner as	stated.
U U	296. SIGNATURE AND TITLE							29c. L/0	ENSE NUI	MBER		29d. DATE	SIGNE	(Month, Day, Yea	ir)
0	Ho lens	wh!	Ramo	7 - hy				P	00	172		•	7/2	196	
임	30. NAME AND ADDRESS OF	F PERSON WI	HO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)									
	Rolendo Sa	bunday	70 M. D.	5550 Bal	ltimo	re Na	atio	nal	Pike	e Balto	o., N	ld. 2	1228	3(744-35	553)
	31. DATE FILED (Month, Day,	Year)		AR'S SIGNATURE					-	-					
		05 19			Thinks are an area										

CHARLES AS A . TO

Euci - e Jail

BALTIMORE, MARYLAND 2120

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be relained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be do		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o	
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0	0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	10	ı
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	31	1 10146
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) GOYDON, BYOOKS AKAPRICE 2. DATE OF DEATH MONTH DAY YEAR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF DEATH MONTH DAY OF 22, 35	3. TIME OF DEATH 3. TIME OF DEATH A M HPLACE (State or Foreign lity) PRYLAND
OH	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I BALTIMORE	DEATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION NARY, AND PARTOR OR E	10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF 21215 103. CITIZEN OF	WHAT COUNTRY?
BY		CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) DISIABILITY 18b. KIND OF BUSINESS/INDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) NELVIN TUTCE-ILNSON 18. MOTHER'S NAME (First, Middle, Malden Surrame) NELBA BROOKS	y)
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) NELBA ACKSON 3934 SEATON 1748ST ROAD S	21208
	20a. METHOD OF DISPOSITION 1 General Comments of Comm	Town, State
-0.0	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY ADDRESS OF FACILITY JOSEFA 14 L. RUSS A L. J. 22. NAME AND ADDRESS OF FACILITY ADDRESS OF FACILITY	21216
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	Approximate interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE

					OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)	
1 YES 2 NO	HOSPITAL: 1. Inpatient 2 ER/Outpatient 3	□ DOA 4 □ Nu	R: rsing Home 5 🗆 Residence	6 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUR	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hos building, etc. (Specify)	me, ferm, street, fa	ctory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CEPTIFIER H. Ghaza Medical	Resident	29c. LICENSE NUMBER	29d. DATE SIGNED (Morith, Day, Year) 07,01,90

30. NAME AND ADDRESS OF PE	ERSON WHO COMPLETED CAUSE OF DE	NIH (ITEM 27) (type, Print)		. //		4 1 7
Harran-	GhazaL	M.D.	SINOI	Hospital	of Ba	It more

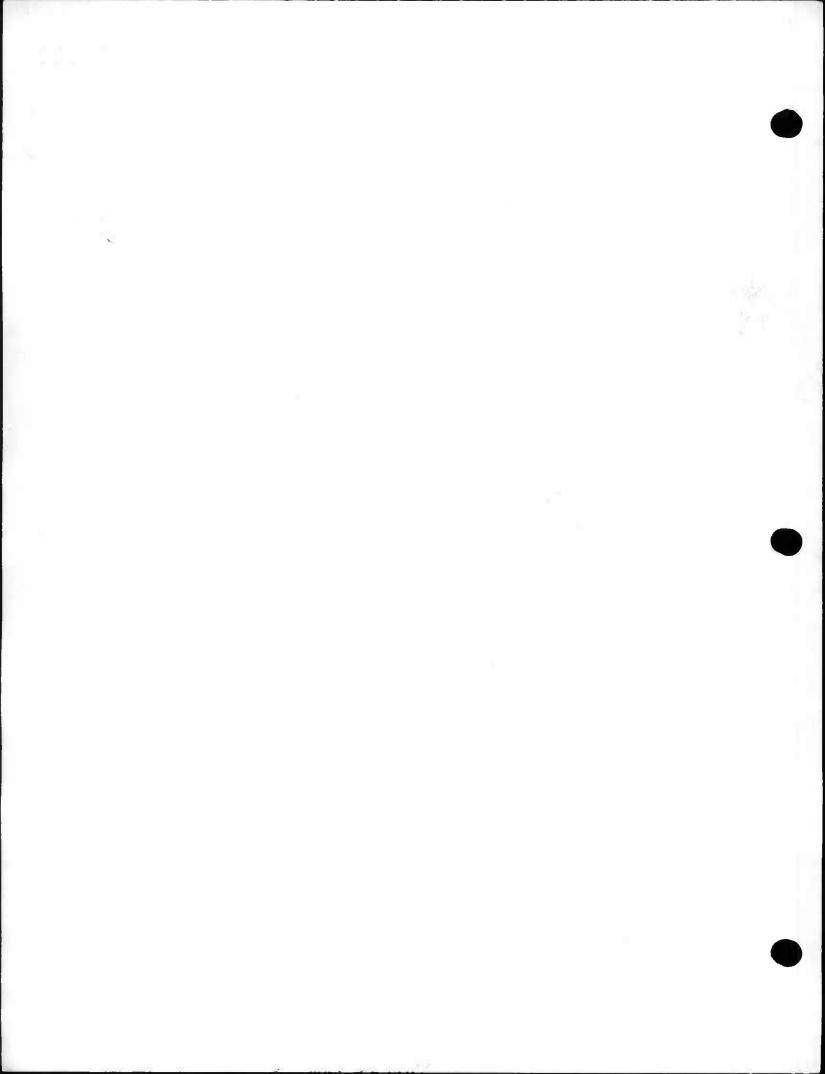
31. DATE FILED (Morith, Day, Year)

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•	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. OECEDENT'S NAME (First, Middle, Last) EVA POLAND 2. DATE OF DEATH MONTH DAY YEAR 6:15 A. M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 NRS. 6. AGE (In yrs. last birthday) 1 NRS. 6. AGE (In yrs. last birthday) 1 NRS. 6. AGE (In yrs. last birthday) 1 NRS. 1
TOR	9a. FACILITY NAME (If not institution, give street and number) MERIDIAN NURSING HOME RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH RANDAUSTOWN BALTIMORE
DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 DYES 2 NO
FUNERAL DIRECTOR	3601 FORDS LA., APT. 216 101. ZIP CODE 21215 109. CITIZEN OF WHAT COUNTRY? USA
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.) 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.) 14. RACE — American Indian, Black, Whita, atc.) 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.) 16. YES, GIVE WAR OR DATES 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.) 18. RACE — American Indian, Black, Whita, atc.) 19. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.) 19. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.)
COMPLETED	15. OECEDENT'S EQUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) AT HOME
BE COM	17. FATHER'S NAME (First, Middle, Lest) SAMUEL ROSEN 18. MOTHER'S NAME (First, Middle, Melden Surname) JDA ROSEN
TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 21209 MRS. SHEILAH MILLER 7202 ROCKLAND HILLS DR. # 505 BALTO. MD
	20s. METHOO OF DISPOSITION Burial 2 Cremation 3 Ramoval from Stata 1 Donation 6 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) BNAI ISRAEL 20c. LOCATION - City or Town, Stata SHAFL 20c. LOCATION - City or Town, Stata
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. FUC GOIO REISTERSTOWN RV. BALTO. MD 21215
	23. PART I. Enter the diseases, or compilications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):
ATION	Sequentieily list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in desth) LAST
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. A SCUD C I LECUT BLOCK 1 YES 2 NO 246. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI	1 YES 2 NO
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
ву РНУ	27. MANNER OF DEATH Netural 5 Pending President 5 Residence 6 Other (Specify) Netural 5 Pending President 1 Yes 2 NO No. N
	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28a. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER DO2397 DO2397 DV10 30, (980) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	Sheldon Goldgeierm. D. 711 W40'S theat Bourouse MD 21211
	JUL 05 1990 July Day John Day (Son Day Con Horizon Horizon)



rmit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	-11- D-1		,		DATE OF DEATH	AY O O O YEA	3. TIME OF DEATH 10:00 A M
			ston Pe	UNDER 1 YEAR	IC HADED 24 MDG 7	July 2,	1990	10:00 A M
				THS DAYS	HOURS MIN.	(Month, Day, Year) 08/10/18	307	Scotland
	9a. FACILITY NAME (If not institution, give street	t and number)	9b.	CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY O	
9	Union Memorial	Hospital	- E.R.	Bal	timore (City		no no 1
띮	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland				Baltimo	re		1 X YES 2 NO
3AL	100. STREET AND NUMBER		- 40	101.	ZIP CODE		100	OF WHAT COUNTRY?
NE	830 W. 40th St	reet, Apt		40 1000 050	21 21		USA	
	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe	ENDENT OF HISPANIC clify Cuben, Mexicen, 1 2 NO Specify:			tACE — American Indien, Bleck, White, atc. Specify:
BY	3 X Widowed 4 Divorced			1	ZZINO Opecny.			White
E	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos	N st of working	16b. KIND OF BU	SINESS/INDUSTF	IY
PE	Elementary/Secondery (0-12) (0-12)	College (1-4 or 5+)		usewi	fe		Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Maiden		
BE (John Rals	ton			Mary	Elizal		Moyes
6	190. INFORMANT'S NAME (Type/Print) Norma P. Killeb	rew			nd Number or Rural Rou st Lane			
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITION				CATION — City of	
	1 Duriel 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	I from State	Metro	Crema	tory, In	nc. I	Baltim	ore, MD
	21. SIGNATURE OF FUNERAL SERVICE LIGEN	SEE Mr. 74.	2	Crema	tion So	my ciety of	Md.	Inc.
	George E. M	lacNabb		299 F	rederic	k Rd. I	Balto.	, MD 21228
	23. PART I. Entar tha dieaesee, or con shock, or heart feilure. Lie			anter the mo	de of dylng, euch	ee cerdlec or reep	iratory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	10000	201/		10. L			Onset and Daeth
	reaulting in death) a.i	DUE TO (OR AS A	CONSEQUENCE OF):	ny a	Vast_			/M
Z	Sequentially list conditions, b.	DUE TO (OR AS A	lead in	for	ction			
ATIC	if any, leading to immadiate ceuse. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	/				
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST							
AL C	PART II. Other significant conditions of	contributing to death b	ut not reculting in t	he underlying	g ceuee given in Pa			24b. WERE AUTOPSY FINDINGS
SC						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF BEATH?
ME	- 6					_		N TES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL	1 -						
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:		THER:	ACE OF DEATH (Check			
Ť.	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	265, TIME O	F 28c. INJ		esd. DESCRIBE HOW	INJURY OCCURE	D
ВУ Р	1 X Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	et, factory, offic	•	281. LOCATION (Street City or Town, State		ural Route Number,
LET	290. CERTIFIER 1 X CERTIFYING PHYSICIA	AN: To the best of my know	lades, double accurred a	A Aba Alma data	and alone and due to	the seconds and me		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:							use(s) end manner as stated,
	295 SIGNATURE AND TITLE OF CERTIFIER	1 11			29c LICENSE NUMB		29d. DATE SIG	NED (Month, Day, Year)
TO BE	Robert St	14, m			1)309	10	▶ 07,	/03/90
-	30. NAME AND ADDRESS OF PERSON WHO	The second second				T 13		NUT 04 000
	Robert Stoltz 31. DATE FILED (Morning Mark)	one of the sale	ATURE TO T	Sprin	gs Koad	Luther	cviTTe	, MD 21093
	JUL 0 5 19	JU guille Da	vidson-vanda					

FOR STATE REGISTRAR

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BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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SPITAL OR	NERAL DIR	Lin To ha
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 m	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	and the same and the case of the base blood of the base bloods the base of the base of the base of the base bloods of the base of the base bloods of the base of t

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
	FRANCE		1	20 SÉ	NO	ERG	MONTH 30	Č.	90 12:15
	4. SOCIAL SECURITY NUMBER 215-01-4981		. AGE (In yrs. las		ONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
		1 M 2 XF	09	YRS.			7/20/1		RUSSIA
œ	9a. FACILITY NAME (If not institution, give			1		WN OR LOCATION OF DE	EATH		ITY OF DEATH
СТОВ	ST. JOSEPH HO	SPITAL			T	OWSON		BA	ALTIMORE
DIRE	10a. STATE 10b. COUN MARYLAND	TY		10c. CITY,	TOWN OR L	CATION TIMORE			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				DAU	101. ZIP CODE		100 CITI	TEN OF WHAT COUNTRY?
RAL	3628 ELKADER F	DD.				2121	0	log. or in	USA
FUNER	11. MARITAL STATUS	12. WAS DECEDENT I				DECENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
ВУ Б	1 XXever Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	20		s, specify Cuban, Maxica YES 2 NO Specif			SpecifyWHITE
ED	15. DECEDENT'S ED	UCATION	16a, D8	ECEDENT'S US	SUAL OCCU	PATION	16b. KIND OF BU	SINESS/IND	
l E	(Specify only highest grad	College (1-4 or 5+)	(G	Silve kind of wor Do NOT use	rk done durin retired.)	g most of working			
COMPLET	12			SALE	SLADY			TAIL	
	17. FATHER'S NAME (First, Middle, Last) JOSEPH ROS	SENBERG					ME (First, Middle, Malden NA KUGEL	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (St		Route Number, City or Tow	n, State, Zip	Code)
TO BE	IRVIN UDOFF, AT	TY.		519 A			TIMORE, MD		21208
	20a. HETHOD OF DISPOSITION 1 Deuriel 2 Cremetton 3 Re	noval from State	20b. PLACE other p		ION (Name	of cemetery, crematory or	20c. LO	CATION —	City or Town, State
	4 Donation 5 Other (Specify)	-	WORK	IEN C	TRCLE	IE AND ADDRESS OF FA		ALTI	MORE, MD
	21. SIGNALORE GET METAL SERVICE	- Constant					& BROS.,	INC.	
	23. PART I. Enter the diseases, or	- Jane	- Sandar	-	60	10 REISTER	STOWN RD	RAL.	
ATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (O	R AS A CONSE	QUENCE OF):		PIV	EUMO	/ / /	7
TIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (O	R AS A CONSE	QUENCE OF):	:				
EDICAL CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d.				tying ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
MEDICAL CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.				fying ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUS
MEDICAL CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O	eath but not	resulting in	the under	tying ceuse given in	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
YSICIAN: MEDICAL CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (O	eath but not	resulting in	the under	te. PLACE OF DEATH (C)	PERFOI 1 YES : neck only one) 6 Other (Specify)	RMED?	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
YSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Neturel 5 Pending	DUE TO (O d. DOBA CONTributing to d HOSPITAL:	eath but not	resulting in	the under	26. PLACE OF DEATH (C/	PERFOI	RMED?	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (0 d. DOBA CONTributing to d HOSPITAL: 1 Dispetient 2 Dispeti	eath but not ER/Outpetlent: JURY Year) INJURY — At h	resulting in	the under	26. PLACE OF DEATH (C/ Home 5 Residence 2. INJURY AT WORK? YES 2 NO	PERFOI 1 YES neck only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 NO INJURY OC	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Investigation 3 Suicide 6 Could not b 4 Homicide determined	DUE TO (O d. DOBA CONTributing to d HOSPITAL: 1 inpetient 2 1 28e. DATE OF IN (Month, Dey.) 28e. PLACE OF building, et	ER/Outpatient : JURY Year) INJURY — At h.c. (Specify)	3 DOA 25b. TIME INJUI	OTHER: I Nursing OF 26-RY M 1 reset, factory,	Home 5 Residence INJURY AT WORK? YES 2 NO office	PERFOI 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	RMED? INJURY OC.	COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO CURED OF Rural Route Number,
MPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Investigation 3 Suicide 6 Could not b 4 Homicide determined	DUE TO (O d. DOBA CONTributing to d HOSPITAL: 1 Impetent 2 1 28a. DATE OF International Medium (Month, Dey, Dey, Description) 28b. PLACE OF building, et	ER/Outpatient : JURY Year) INJURY — At h.c. (Specify)	3 DOA 25b. TIME INJUI	OTHER: I Nursing OF 26-RY M 1 reset, factory,	Home 5 Residence INJURY AT WORK? YES 2 NO office	PERFOI 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) 1 ot the cause(a) and me time, data and place, and	RMED? INJURY OCI and Number nner se state	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO CURED Or Rural Route Number,
MPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O d. DOBA CONTributing to d HOSPITAL: 1 inpetient 2 2 28a. DATE OF It (Month, Dey. 26a. PLACE OF building, et	ER/Outpatient : INJURY — At h c. (Specify) In y knowledge, d mination and/or	a DOA 26b. TIME INJUI	OTHER: OF 28-RY M 12-rest, factory, in my opin	to, PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office	PERFOI 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 YES : 1 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) 1 ot the cause(a) and me time, data and place, and	RMED? INJURY OCI and Number nner se state	AMALABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO CURED Or Rural Route Number, ted. The cause(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of	DUE TO (O d. DOBA CONTributing to d HOSPITAL: 1 inpetient 2 1 28a. DATE OF Its (Month, Dey. 28a. PLACE OF building, et SICIAN: To the best of m NER: On the basis of axa	ER/Outpetient: JURY Year) INJURY — At h ic. (Specify) In the second of the second	26b. TIME INJUI	OTHER: OF 28-RY M 12-rest, factory, in my opin	26. PLACE OF DEATH (C/ Home 5 Residence 2. INJURY AT WORK? YES 2 NO office data and place, and du- on, death occured at the	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and me time, data and place, as MBER	RMED? INJURY OCI and Number nner se state	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO CURED To or Rural Route Number, ted. ted. ted. Secure(e) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O d. DOBA CONTributing to d HOSPITAL: 1 inpetient 2 2 28a. DATE OF It (Month, Dey. 26a. PLACE OF building, et	ER/Outpetient: JURY Year) INJURY — At h ic. (Specify) In the second of the second	26b. TIME INJUI	OTHER: I Nursing OF 28- RY M 1 I at the time, in my opin	26. PLACE OF DEATH (C/ Home 5 Residence 2. INJURY AT WORK? YES 2 NO office data and place, and du- on, death occured at the	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and me time, data and place, as MBER	INJURY OCI	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO CURED To or Rural Route Number, ted. ted. ted. Secure(e) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

F A M. A MARKET

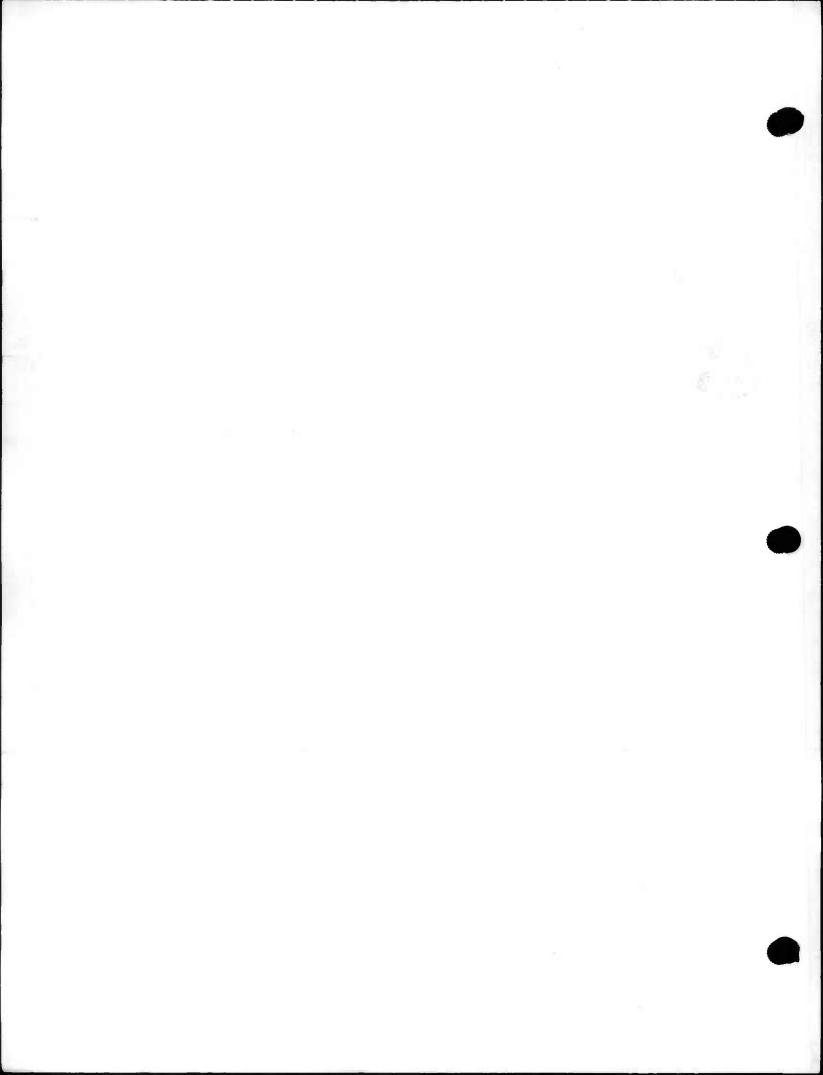
as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 media after death. Page 6 may be interest by it of THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

FOR

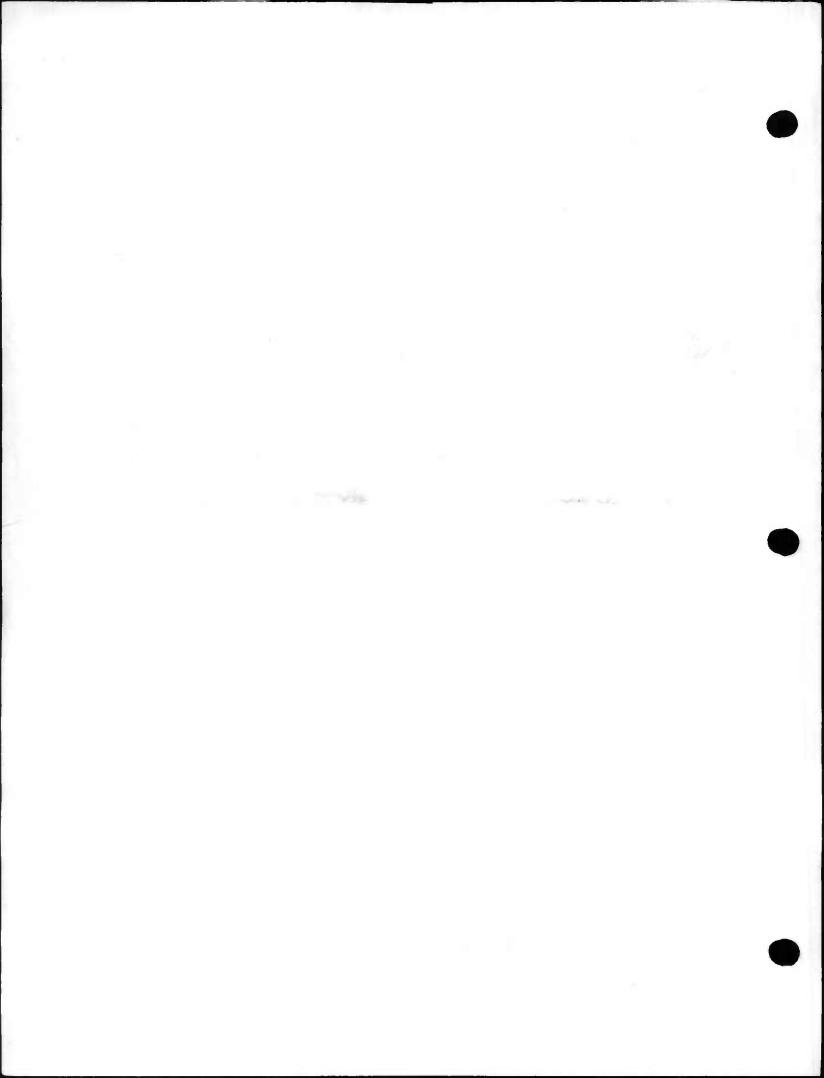
	REGISTRAR	CERTIFIC	ATE OF	DEATH	RE	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	0			2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH		
	DR. ISADORE S BO				JUNE		790	1:40 H M		
	4. SOCIAL SECURITY NUMBER $2/2-07-8/54$ 5. SEX $1 \times M 2 \square F$ 6. AGE (in yr		UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)	(bar)	8. BIRTHI Country	PLACE (State or Foreign Y) MARY LAND		
300	9a. FACILITY NAME (If not institution, give atreet and number)	96	CITY, TOWN C	R LOCATION OF DEA	TH		UNTY OF DE			
DIRECTOR	7929 STEVENSON KD.		BAL	TIMORE		L	ACTI.	noce		
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY		
BIG	MARYLAND BALTIMORE		BALTI	MORE			- 1	LIMITS? 1 YES 2 XNO		
	10e. STREET AND NUMBER	1	101	ZIP CODE		10g. Ci	TIZEN OF W	VHAT COUNTRY?		
FUNERAL	7929 STEVENSON RD.			21208	3		USA	A		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED		ENDENT OF HISPANIC			14. RACE Black	— American Indian, c, White, atc.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced 1 FYES, GIVE WAR OR DATES		1 🗌 YES	2 NO Specify:			Specif			
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo	N st of working	18b. KINI	OF BUSINESS/II	NDUSTRY			
	Elementary/Secondary (0-12) College (1-4 or 5+)		SICIAN			MEDIO	ידאדי			
io;	7. FATHER'S NAME (First, Middle, Last)	1111	DICIAN	16. MOTHER'S NAM	E (First, Middle					
	JACOB SBOROFSKY			REBE	CCA 2	ZISKIND		1		
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a	nd Number or Rural Ro	ute Number, C	ity or Town, State, 2	Zip Code)			
F	MRS. LENORE SBOROFSKY	7929 S	TEVENS	ON RD. E	ALTO.	, MD	21208	3 ,		
	1 St Buriel 2 Cremetion 3 Removal from State of	ACE OF DISPOSITION (No. 1) ACE OF DISPOSITION (No. 1) ACE OF DISPOSITION (NO. 1) ACE OF DISPOSITION (N				20c. LOCATION -				
	The second secon	ETH EL M		L PARK		RANDALI	STOWN	N, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		SOL	LEVINSON	& BRO		_	- 01015		
	23. PART Enter the diseases, or complications that caused the	e deeth. Do not		REISTERS				D 21215 Approximate		
	shock, or heart fellure. List only one cause on each	ilne.					mrout,	interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition		al	180 C	olo			4.000		
	resulting in desth) BUE TO (OR AS A CO	INSEQUENCE OF):		THE G	7 (3			1 was		
Z	disease or condition resulting in desth) e	ado	do 0	be le	uer			4		
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE OF):								
윤	CAUSE (Disease or Injury that initiated events	ONSEQUENCE OF):	_					-		
E	reaulting in death) LAST									
빙					T					
DICAL	PART II. Other significant conditions contributing to deeth but			g cause givan in F	Part i. 24e	. WAS AN AUTOPS PERFORMED?	Y 24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
ă	Corollary wivery	WES		2000	<u></u>	YES 2 NO		DF DEATH?		
×	Mego corder ver	eres o	ec o	- PI CK				1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		26 P	ACE OF DEATH (Office	ok only one)					
SICI	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpatie		THER:	e 5 D Fleeldence 8		ec(fy)				
PHYSICIAN: ME	27, MANNER OF CEATH 28s. DATE OF INJURY	28b. TIME O	F 28c, IN,	URY AT		BE HOW INJURY O	CCURED			
ВУР	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR		PRK? YES 2 NO						
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, offic	•		N (Street and Numb wn, State)	ber or Rural F	Route Number,		
	4 Homicide determined									
P.	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.									
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination at	nd/or investigation, i	n my opinion, o	eath occured at the t	ime, deta and	place, and due to	the cause(a	s) and menner as stated.		
BE (296 SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NUM	BER /	29d. D.	ATE SIGNED	(Month, Day, Year)		
5	Make AND ADDRESS OF THE WALL COMMENT	V (1x		21/5	76		6/70	7/70		
	Allan 5. Priston 1	(ITEM 27) (Type, Pri	272	N.C	Res	les 5	+	2/2/8		
1	31. DATE FILED (Month, Day, Year)	JRE								
J	UL UU 1330 Junoum									



1990

	1 - FOR STATE REGISTRAR	TATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) Sherman, Ida	. (IDA SHERMA	AN)		2. DATE OF DEATH MONTH DATE OF 2	7 9°0	3. TIME OF DEATH 1:28 Mp	
	4. SOCIAL SECURITY NUMBER 5. S	□ M 2 4 F 7]	YRS. MON	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 6 22	TO CO	RTHPLACE (State or Foreign unitry) ARYLAND	
TOR	CHURCIH HOSPTTA				timore		=	w.	
DIRECTOR	10s. STATE, 10b. COUNTY	IMORE	10c. CITY, TO	OWN OR LOCATE				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2528 Farringdo	n Rd		101.	21209		10g. CITIZEN O	F WHAT COUNTRY?	
NO FUN	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe	ENDENT OF HISPANI	C ORIGIN? (Specify Yee, Puerto Rican, etc.)		ACE — American Indian, lack, White, etc. pecify: WHITE	
41160	15. DECEDENT'S EDUCATION (Specify only highest grade composition) Elementary/Secondery (0-12) 12	DN pleted) bliege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOUS!	done during mos	N it of working	16b. KIND OF BUS	T HOME	Υ	
BE CO	MORRIS BERMAN				YE		KNOWN		
2	19a. INFORMANT'S NAME (Type/Print) MURRAY LEE SHERMAN				ON RD.	BALTO • , M			
	20e. METNOD OF DISPOSITION 1 M Burlel 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State	PLACE OF DISPOSITION Of PRETENTIAL SITE OF THE STATE OF T	RAEL AL	ISHE SFAF	RD R	CATION — City of OSEDALE	, MD	
	, MD 21215								
23. ART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiretory street, shock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Final								Approximate interval Between Onset and Death	
disease or condition resulting in desth) Due to lon as a consequence of: Sequentisliy list conditions, if any, leading to immediate cause. Enter UNDERLYING Excuse. Enter UNDERLYING Excuse. Enter UNDERLYING Excuse. Under the course continuity that initiated events resulting in death) LAST Due to lon as a consequence of: Due t									
									25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1
	2 Accident investigation 3 Suicide S Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	et, factory, offic		28f. LOCATION (Street City or Town, State)		ural Route Number,	
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: 0	Y: To the beat of my know In the basis of examination						ise(e) end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	Spel 10			29c. LICENSE NUM	IBER	29d. DATE SIG	NEO (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	OON - Bro	nt) oadwav	21231		_		

DHMH-18 Rev 1/89



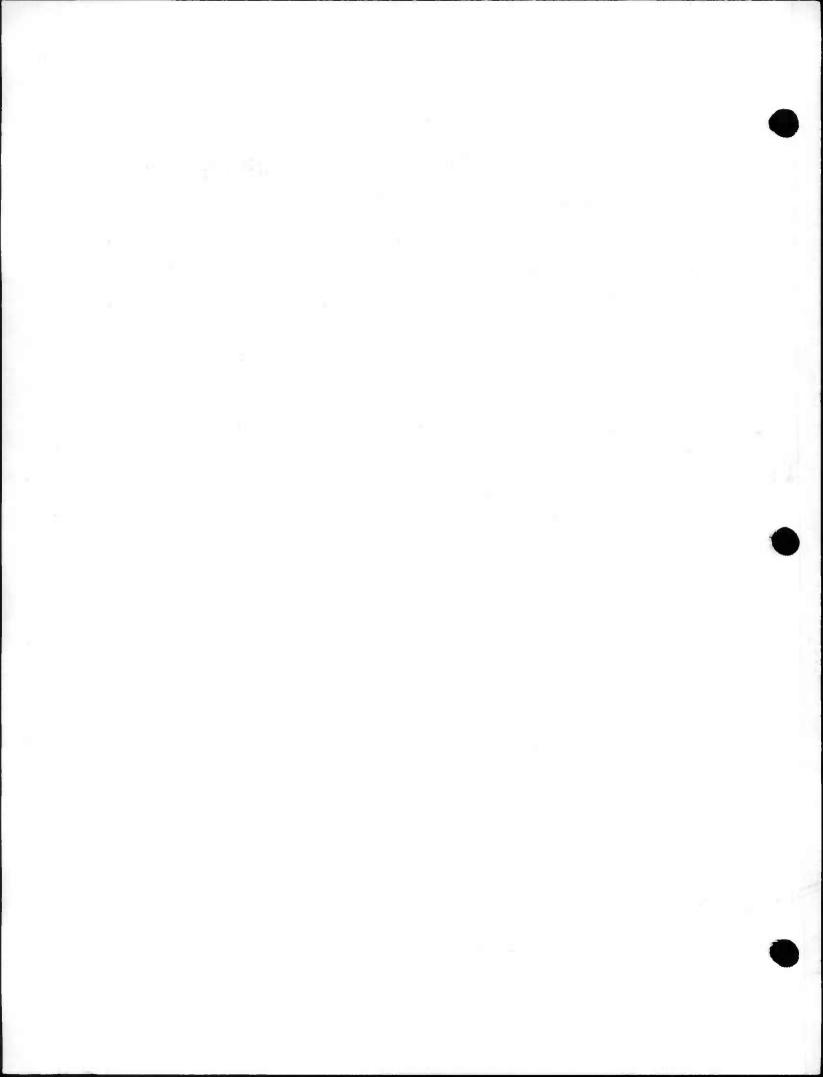
notified at once.

JARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 must after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examples.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE	_	
	1. DECEOENT'S NAME (First, Middle, Lest)	SMIT	H			2. OATE OF DEATH	n 41	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-30-7508	5. SEX 8. AGE		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign owntry)
OR	90. FACILITY NAME (If not institution, give st	dicipal Cer	ter se	0 -11	LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR L'OCATI	oh (DC		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL C	10a. STREET AND NUMBER	NE. # 80	7	101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED		city Cuben, Mexicas	IC ORIGIN? (Specify Y n, Puerto Rican, etc.)		RACE — American Indian, Black, White, sic. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during mos		16b. KIND OF B	AH 3	IndusTRY
BE COM	17. FATHER'S NAME (First, Middle, Last)	new 5m	Hi		16. MOTHER'S NAI	ME (First, Middle, Maide	n Sumame)	
	190. INFORMANT'S NAME (Type/Print) ALF-Eda P.	Green	3518	STAT	nsonk	SE P	wn, State, Zip Cod	2-20020
	20g. METHOD OF DISPOSITION 1) Buriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIIC	ovel from State	other place)	rohr	D ADDRESS OF FA	teny 5	OCATION TORY	mo State
	> Well - 1	# # 5	756	Dur	35 EA	of SI	WE C	20.20019
	23. PART I. Enter the diseases, or can be shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. Acute he					(000)	Interval Between
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF):	Cu	2 rac	stati r	mit n	rets.
CAL	PART II. Other significant condition	s contributing to death	but not resulting in	the underlying	cause given in	PERF	AN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI			_			1 □ YES	2 KNO	OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Ch	s Cher (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Morith, Day, Year)		Y WO	URY AT RK? 'ES 2 NO	28d. OEŞCRIBE HOV	INJURY OCCUR	EO
	3 Suicide S Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, streecity)	et, factory, office		281. LOCATION (Street City or Town, Sta		tural Route Number,
COMPLETED	(Olloca Oray	CIAN: To the best of my kno						use(s) and manner ss atated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	med	DEATH (ITEM 27) (Type, Pr	S int)	29c. LICENSE NUI	ABER	29d. DATE SI	GNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	22 DECISTRADIS SIG	NATURE 3				<u>-</u>	
	JUL 05 1990 40	32 REGISTRAR'S SIG	ndelle					



te burlai-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	OMILE OF	C		ICATE				HEH IM	REG. NO).		
	1. OECEOENT'S NAME (First, Middle, Last)							-	2. DATE	OF DEATH	AY	YEAR	3. TIME OF OEATH
	Joseph B. Stan	cliff. Sr							.I1111		1990	TEAR	9.45 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. let	st birthday)	IF UNDER 1		IF UNDER		7. DATE	Day, Year)		6. BIRTH	PLACE (State or Foreign
	215 03 7033	1 🕅 14 2 🗌 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		ch 5.	1915		"rvland
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN 0	R LOCATIO	ON OF DE				INTY OF D	
BY FUNERAL DIRECTOR	DVA Med. Ctr.	9600 Nort	h Point	Road	Fo	ort	Howa	rd			Ва	1tim	ore
SEC	10a. STATE 10b. COUN	ry		10c. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY LIMITS?
100	Maryland Bai	ltimore			Balti	mor	e						1 TES 2 NO
AL	10e. STREET AND NUMBER			-		107.	ZIP CODI				10g. CIT	TIZEN OF Y	VHAT COUNTRY?
IEH	8137 Gray Haven	Road					21:	222			U.	S.A.	
5	11. MARITAL STATUS		NT EVER IN U.S. AF						NC ORIGIN	? (Specify Ye	a or No-	14. RACE Black	- American Indian, c, White, etc.
34	1 Never Married 2 Married 3 N Widowed 4 Divorced		WAR OR DATES				2 💥 NO			, , , ,		Speci	ty:
A	15, DECEDENT'S ED	WW II	16a DI	ECEDENT'S	USUAL OC	CURATIO	MAI.		1465	KIND OF BU	ICINECC/IN	DUCTOV	White
	(Specify only highest grad		(0		work done di			g	100.	KIND OF BU	/	DUSINI	
3	Engineerically (0-12)	College (1-4 or 5	(+)	Me	at	Vac	Ler			I	SSE	ail	
CON	17. FATHER'S NAME (First, Middle, Last)	1 15		115			18. MOTI	ER'S NA	ME (First, A	fiddle, Maidei	Surname)		
EC	Hamy St	anclift						F	dho	(rould	1.	
TO BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural i	Route Numb	er, City or Tox	wn, State, Zi	ip Code)	
F	Clinical Record	S		9600	North	n Po	int	Road	, For	t Hoy	vard.	MD	21052
	20e. METHOD OF DISPOSITION 1 St Burial 2 Cremation 3 Rec	noval from State	20b. PLACE other p	OF DISPO	SITION (Nan	ne of cen	netery, cren	natory or	M	20c. L	OCATION -	- City or To	wn, State
	4 Donation 5 Other (Specify)			U	and	25	or	14	ith.		Da	1 to	md.
	21. SIGNATURE OF UNERAL SERVICE	PENSOR			22. 1	NAME AN	D ADDRE	SS OF FA	CILITY		5	_	712317
	41269	e wo			C	JAC	LIKE	seda	le to	whal	Hm	e-tro	1211 Cleverate
	23. PART I. Sinter the diseases, or shock, or heart fellure				not enter	the mo	de of dy	ng, suc	h ss cerd	lac or resp	oiratory a	rrest,	Approximete interval Between
	IMMEDIATE CAUSE (Finel												Onset and Death
	disease or condition resulting in death)	PNEUMO	NIA, BIL	ATERA	T								
			O (OR AS A CONSE			77 % 117	D T () I	T AT	T 17 71 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		17.7		
NO	Sequentially list conditions,	D	MEGALY W			VENI	KICU	LAK	HYPE	KIKOPI	1Y		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE	O (ON AS A CONSE	OUENCE	rj.								
FIC	CAUSE (Disease or Injury that Initiated events	C. DUE T	O (OR AS A CONSE	OUENCE C)F);								
R	resulting in death) LAST	4											
S	DART II Other significant condition		a de esta basa casa					Torres to	D				
DICAL	PART II. Other significent condition	ons contributing t	o deeth but not	reeuiting	in the un	aeriyin	g csume i	given in	Part I.	24a. WAS A PERFO	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ŏ									—	1 XYES	2 NO		OF DEATH?
ME													1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T											
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER	t:			eck only on			_	
1YS	1 TYES 2 NO	28a. OATE C	☐ ER/Outpatient :	3 □ DOA 28b. TII		ing Hom 28c. INJ		sidence	6 Othe	(Specify)	IN HIDY O	CCUBED	
	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY	WO	RK?	□ NO	200. 02.	CRIBE HOW	moon o	CONED	
BY	2 Accident Investigation 3 Suicide & Could not be	28e PLACE	OF INJURY — AI h	ome, ferm,	street, facto				28f. LOC	ATION (Street	and Numbi	er or Rural	Route Number,
COMPLETED	4 Homicide 6 Could not be determined	building	g, etc. (Specify)						City	or Town, State	e)		
E	29a. CERTIFIER 1 CERTIFYINO PHY	SICIAN: To the best	of my knowledge d	leath occur	rad at the fi	me data	and place	and due	to the car	use(s) and m	enner se et	mad	
ME	2-01												a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI	- 1						ENSE NUI					(Month, Day, Year)
BE	Marcia	CKa	ne n	n D			b	2/0	391	1	D	7/3	190
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CA	USE OF DEATH (ITI	EM 27) (Typ	e, Print)			O.E.	- 01			110	1.0
	Marcia Kane, M.D.	9600 1	North Po:	int F	Road.	For	t Ho	ward	. MD	210	52		
	31. DATE FILED (Month, Day, Year)	a 32 REGISTI	RAR'S SIGNATURE						,				
	JUI 0 5 1000	Senson Davids	70	7 .									

DHMH-16 Rev 1/89

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5 should		haliflad
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director,		anim a
funeral (onjunca
OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	itter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	6 is marked as item 22 shows now interes or other transmission and the medical eventual massified of ance
filled	on, or	m ou
mpletely	, cremati	t tueve
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Cer	h th	-
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After	death	-
OB:	fter	0

	FOR STATE OF MARYLAND / STATE OF MARYLAND / CE	DEPARTM RTIFICA			MENTAL HYGIENI REG. NO.	E			
	1. DECEOENT'S NAME (First, Middle Last) Marie Scipio (MAZIE	V. SC	IPIO)		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX AGE (In yrs. last 219-32-2/13 1 \square M 2 D 57	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	33 s. BIRT	Ma.		
96. FACILITY NAME (If not institution, give street and number) 86. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH BULL MORE BULL									
DIRECTOR	10a. STATE 10b. COUNTY		MORE.				10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO}\)		
FUNERAL	339 BLOOM ST. APT 3 B		101	21217		109. CITIZEN OF	WHAT COUNTRY?		
FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 M IF YES, GIVE WAR OR DATES	MED	If yes, sp		IC ORIGIN? (Specify Yaa n, Puerto Rican, etc.) :	Blee	CE — American Indian, ck, White, atc.		
APLESSED	(Specify only highest grade completed) (Giv Elementary/Secondary (0-12) College (1-4 or 5 +)	DE O MEST	done during mo red.)		16b. KIND OF BUS	SINESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM BAILEY			LORIN		TS			
TO 1	KATHLEEN TURNER	1516	N. ST	RICKER	STBALT	IMORE,			
	206. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removat from Stata 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	cel	STAR	CEMETER D ADDRESS OF FA	CAT	ONSVIL	LE, MD.		
WM.C. MARCH F.H. 1101 E.							NORTH AVE.		
	23. PART I. Enter the diseases, or compileations that coueed the decision shock, or heart failure. List only one couse on each line. IMMEDIATE CAUSE (Final disease or condition reculting in deeth) S. OUE TO (OR AS A CONSECULATION OF AS A CO	•	,	111	est	ratory arreat,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially liet conditione, b. MCAUSTO	DUENCE OF):	NC0	na	- of slo	mach			
MEDICAL C	PART II. Other significant conditions contributing to death but not re	eaulting in th	na undarlyln	g cause given in	Part I. 24a, WAS AN PERFOR 1 TYES 2	RMED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LIMO 1 HOSBYTAL: OTHER:									
									BY PH
S Could not be detarmined building, atc. (Specify) 29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as atated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)									
									TO BE (
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	M 27) (Type, Prin	Uni	v MD +	tospital	Dept. N	Pedizine 30Frm 02120		

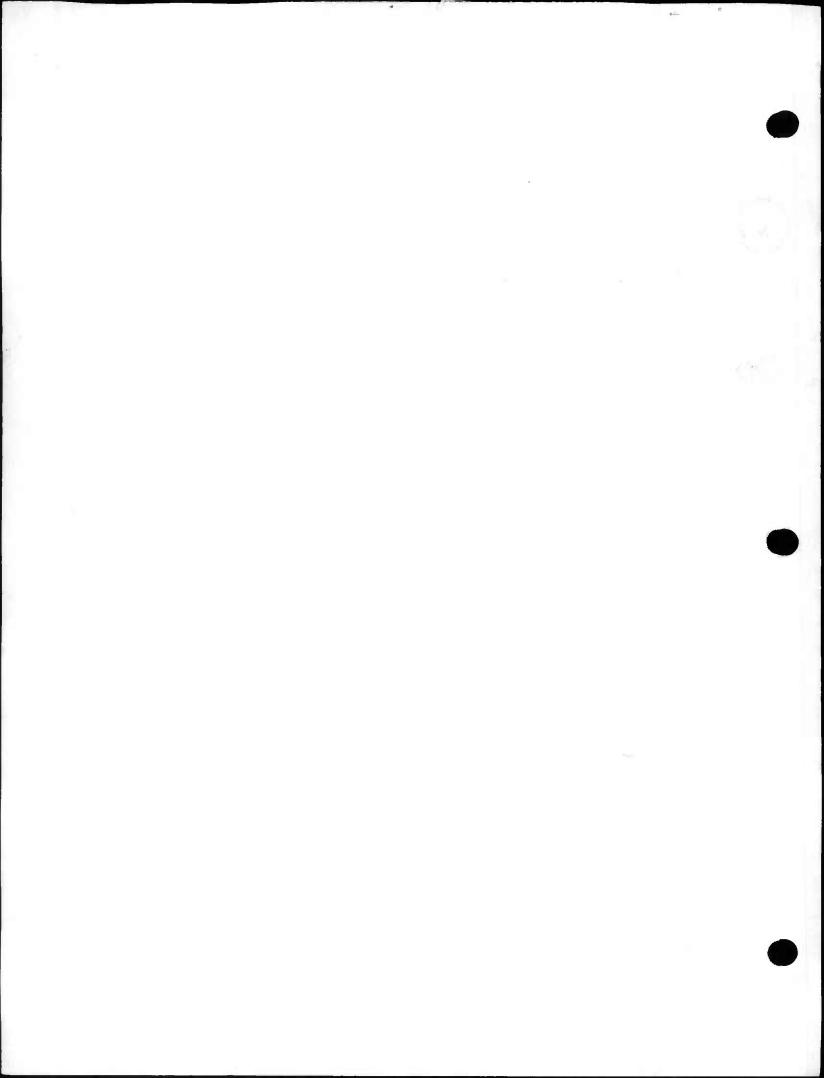
Lilia Nacide . To

or attending physician. or use as the burlal-transit per

31203-3146

	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner musi
	al dir		ner
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	pelli	n, or	E .
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	T DIF	2 hou	100
	NERA.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	N. I
2	E FU	d with	RTAI
	THE	e file	MP0
5	F	ã	=

	FOR STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIENI REG. NO.	Ē	
	1. OECEDENT'S NAME (First, Middle, Last)	(SOLOMO	N SIMON	SR.)		2. DATE OF OEATN MONTH DA	30 9 5	R 3. TIME OF CEATN
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. B	IRTNPLACE (State or Foreign ountry)
	216-201551	1 □ M 2 □ F	63 yrs.	MONTHS DAYS	HOURS MIN.	1-28-27	,	MD
	9e. FACILITY NAME (If not institution, give at	· ·			R LOCATION OF DE		9c. COUNTY	OF OEATN
0 B	Church Hosp:	ital Corr	oration	Baltin	more Ci	ty		
딥	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	MD.		В	ALTIMOR	E, CITY	1		1 XYES 2 NO
A.	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2416 E. Hoffma	an_St.			2121	.3		
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEDENT EV FORCES? 1 1	ER IN U.S. ARMED			NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		2 NO Specify			BLACK
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	N	18b. KIND OF BUS		
E	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during mos se retired.)	st of working			
AP	10th		TRAC	TOR OPE	RATOR	BETH.	STEEL	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
BE	FERMAN SIMON					WHIRE		
2	190. INFORMANT'S NAME (Type/Print) LAVENIA SIMON		2 4 1	6 E. HO	FFMAN S	ST BALTI	MORE,	"MD. 21213
	20e. METNOD OF DISPOSITION 1 💢 Buriet 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	20b. PLACE OF DISPO	ORE CEM	ETERY		CATION — City	RE, MD.
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ID AOORESS OF FA			,
	> Isladio	iDan		WM.C.	MARCH	F.H.1101	E. N	ORTH AVE.
NO	23. PART I. Enter the diseases, of c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions.	list only one cause	on aach iina.			ng Car		Approximata interval Between Onset and Daath
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	2	AS A CONSEQUENCE C			<i>O</i>		
AL.	PART II. Other aignificant condition	a contributing to das	th but not resulting	in the underlying	g cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Seps	vs .				1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 NO
ä								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	HIRICO-ACT	26. PI OTHER:	ACE OF DEATH (Ch	eck only one)		
PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER				8 Other (Specify) 28d. DE\$CRIBE NOW I	N.IIIRY OCCUR	FD
	1 Natural 5 Pending	(Month, Day, Y	bar) IN	JURY WO	PRK?	Zau. DEGUNIDE NOW I	NONI OCCON	
В	2 Accident Investigation 3 Suicide 8 Could not be		JURY — At home, farm,	street, factory, offic	•	281. LOCATION (Street	end Number or F	Rural Route Number,
	4 Homicide determined	building, etc.	(Specify)			City or Town, Stete)		
COMPLETED	one)					to the cause(e) end me		suse(s) and manner se stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER			,	29c, LICENSE NU			GNED (Month, Day, Year)
BE	F.M.	tarm			D 37.			130/90.
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)				-
		FAD;	MATAR	Cl	OCH	H.		
	31. OATE FILEO (Month " v, Year)	32. REC'ETRAR'S			^ *			
_	401 0 mg				411/			DHMH-18 Rev 1/89



seit permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notilled at once.

MARGARITA A.

KORELL, MD

32. REGISTRAR'S SIGNATURE

1 -	STATE REGISTRAR	SIAIE UF N	IANTLAN	CERTIF					MENIA	REG. NO.	E		
1.	DECEDENT'S NAME (First, Middle, Last)	_				. 1	-		2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH
	Eve	elyne		G.		Schei	.d		6	- 29-90			5:25PM м
	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH		8. BIRTH Country	PLACE (State or Foreign y)
2:	18-22-4861	1 🗆 M 2 🔀 F	83	YRS.						11-06		Bal	timore, MD.
	a. FACILITY NAME (If not institution, give s	treet end number)				, TOWN O					9c. COU	NTY OF D	EATH
FR 10	7720 York Road				1	3alti	пют	2 (0)	лису		Ba.	ltimo	ore County
R	RESIDENCE OF DECEDENT 10b. COUNTY	Y		10c. CITY	Y. TOWN (OR LOCAT	ON						10d. INSIDE CITY
		imore Cou	intv		son								LIMITS?
10	De. STREET AND NUMBER	IMOLE GOE	iiicy	100	13011	101.	ZIP COD	E	-		10g, CITI	ZEN OF V	WHAT COUNTRY?
	8013 York Road A	nt.# B-7					2120					U.S	
- 10-	I. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13.				IIC ORIGI	N? (Specify Yea	or No-	14. BACE	— American Indian.
VIII	Never Merried 2 Married	FORCES? 1	YES 2	NO			cify Cubi	ın, Mexicai	n, Puarto	Rican, etc.)		Speci	, White, atc.
976	Widowed 4 Divorced	1 120, 011	DAN ON DATE				22 110	opecny				Opera	White
17.	15, DECEDENT'S EDU (Specify only highest grade		18	a. DECEDENT'S (Give kind of v	USUAL O	CCUPATIO	N of of world	na	16	b. KIND OF BUS	SINESS/INC	DUSTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT us	e retired.)	daing mo		19					
L		4 years											
17.	7. FATHER'S NAME (First, Middle, Last)									Middle, Malden	Surname)		
-	William F. Hoppe	er					Ma	ry V	. Gi	fford			
19	9e. INFORMANT'S NAME (Type/Print)									nber, City or Town			
L	John K. Barbour	, Jr.		212 V	Vash	ingt	on A	ve.,	Tow	rson, M	aryla	and :	21 20 4
	0e. METHOD OF DISPOSITION	oval from State	ott	ACE OF DISPOS							CATION —		
4	□ Donation 5 □ Other (Specify)		Mor	eland N	_					Pa	rkvi.	lle,	Maryland
21	1. SIGNATURE OF FUNERAL SERVICE LI		MAME AN				1d Hom	P					
	John G. Reitz Mitchell-Wiedefeld Home 6500 York Rd., Baltimore, Maryland									vland 21212			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									Approximata				
	ahock, or haart fallure.	Lišt only ona cau	ise on each	ilna.									Interval Batween Onset and Death
d	disease or condition	juries											
resulting in death) a Due to (or as a consequence or):													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 248. WAS AN AUTOPSY 249. WERE AUTO													
								241	. WERE AUTOPSY FINDINGS				
PERFORMED? AVAILA									AVAILABLE PRIOR TO COMPLETION DF CAUSE				
										XXYES 2	□ NO		OF OEATH?
													XXX YES 2 □ NO
21	25. WAS CASE REFERRED TO MEDICAL					00 51	ACE OF	DEATH OF	ankt				
1	EXAMINER?	HOSPITAL:		(WAD	OTHE	R:		DEATH (Ch		ner (Specify)	Sc	ene	
-	₹XYES 2 □ NO 17. MANNER OF DEATH	1 Inpetient 2		ent 3 🗆 DOA		28c. INJ	_	eeldence		er (Specify)			
1	1 Netural 5 Pending		Day, Year)	4:2	JURY	WC	RK?	T NO					by auto
	ACCIdent Investigation	28e. PLACE (At home, farm,						CATION (Street			
	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)		idew	_	-		77	20 YOUR	Roa	d,Ba	Itimore Co.
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.													
One) a MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee st									e) end manner ee stated,				
21	196. SIGNATURE AND TITLE OF CERTIFIE	7 . 1//	. 12	,				ENSE NU	MBER				(Month, Day, Year)
	Villina	men	w				OCI	Œ				6-30	-90
31	D. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH	(ITEM 27) /Tone	Print)						<u> </u>	_	

111 Penn Street, Baltimore, MD 21201

FOR

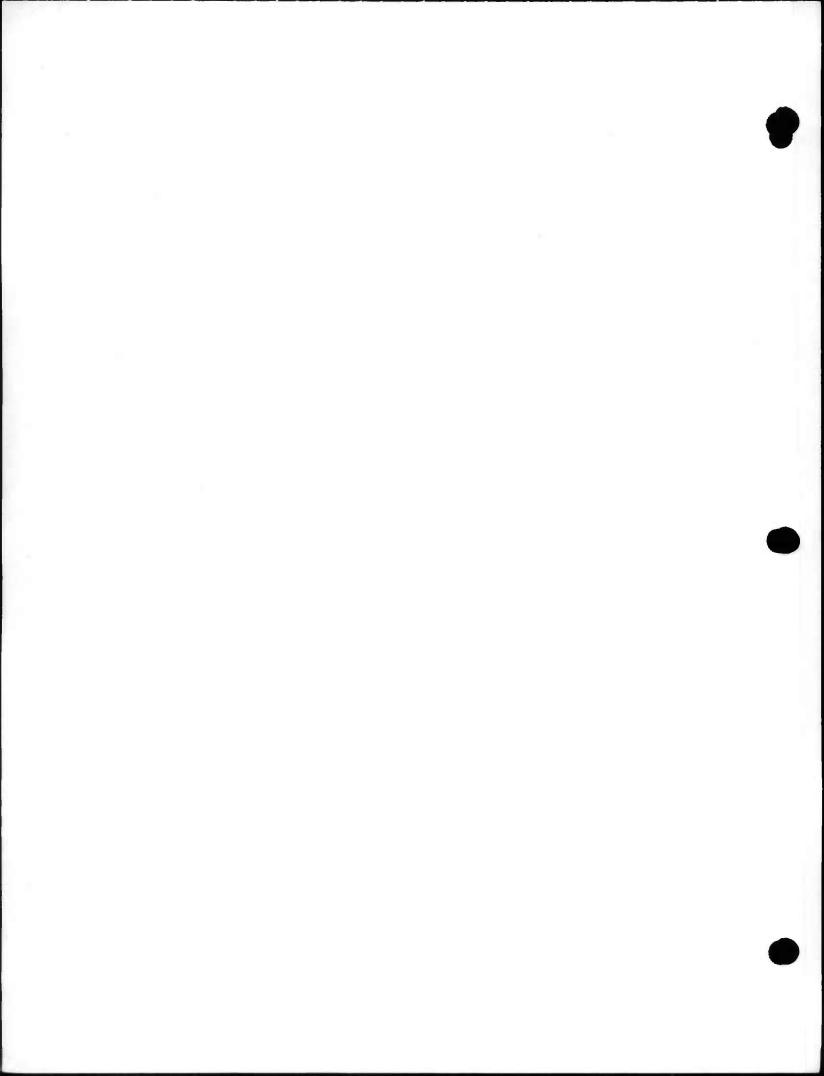
BY FUNERAL DIRECTOR

TO BE COMP

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NOING PHYSICIAN: The law requires that the death certificate be executed within 2. Are after death. Page 6 may be retained by the Incapital R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determined and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	by the hospital or attending physician.	be detected the part of the transit permit. Pages 1, 2, 3 should		at once
AL DIRECTOR 72 hours afte	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Jus after death. Page 6 may be retained by the Incepting of American pages of the Property of American Pages of The Property of American Pages of The Property of The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified :

- STATE REGISTRAR			CERT	IFICAT	E OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)	SI	PINGA				MD	TE OF DEATH	291	YEAR S	TIME OF DEATH
4. SOCIAL SECURITY NUMB	ER 5	s. SEX 8. AGE	(In yrs. last birth	day) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7 DA	TE OF BIRTH	1/1	8. BIRTHPI	ACE (State or Foreign
215-07-3780) 1	11		NONTHS	DAYS	HOURS MIN.	(Mi	0/6/10		Country)	EW YORK
Se. FACILITY NAME (If not in:	stitution, give stree	et and number)		9b. CIT	Y, TOWN O	R LOCATION OF DE			9c. COU	NTY OF DEA	тн
7503 PRINCE		E RD.			BA	LTIMORE				BALTI	MORE
MARYLAND	10b. COUNTY	ALTIMORE	100	CITY, TOWN	OR LOCAT						Od. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	D.	ALIMONE				ZIP CODE			10g, CIT		AT COUNTRY?
7503 PRINCE	E GEORG	E RD.				2120	8			USA	
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Divo	Merried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13	If yes, spe	ENDENT OF HISPAN polity Cuban, Mexice 2 NO Specify	n, Puer	GIN? (Specify Ye to Rican, atc.)	n or No—	14. RACE - Black, Specify:	- American Indien, White, etc. WHITE
15. DEC (Specify only	EDENT'S EDUCAT	TION empleted)	(Give kin	NT'S USUAL O	durina mo	N st of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5+)	ilfe. Do N	OWNE				V	ARIET	Y STO	RE
17. FATHER'S NAME (First, M ADOLPH COI	iddle, Last) HEN					18. MOTHER'S NA ETHEL	ME (Fir	st, Middle, Meider SWARTZ	Surname)		
190, INFORMANT'S NAME (7) MICHAEL AL	ype/Print) AN SPIN	GARN		LING ADDRES		nd Number or Rural I		umber, City or Tov			
20a. METHOD OF DISPOSIT	ION	2	0b. PLACE OF DI	ISPOSITION (*	Verne of cer	netery, crematory or	-	20c. LC	CATION -	City or Tow	n, State
1 Buriel 2 Cremetio 4 Donation 5 Other	(Specify)	/	other place) ANSHE		_			BA	LTIM	ORE,	MD
21, SIGNATURE OF FUNERA	SERVICE LICES	Itillu	en		SOL	id address of fa LEVINSC REISTERS	3 NC				21215
23 FART I. Enter the	senses, or co	mplicatione that caus	ed the death.								Approximate
IMMEDIATE CAUSE (Fir disease or condition		et only one ceuse on		111		- 1.420	14-15	1011	4		Interval Between Onset end Death
reaulting in death)	→ a	OUE TO (OR AS	A CONSEQUEN	CE OF):	-51	/ VTRR	11/	117041	-		14/10413
	- h	ASCL	1>								YRS.
Sequentially list condit if any, leading to imme	diate	OUE TO (OR AS	A CONSEQUEN	CE OF):							
cause. Enter UNDERLY CAUSE (Disease or inju- that Initiated evants resulting in death) LAS	iry C.	DUE TO (OR AS	A CONSEQUEN	CE OF):							
PART il. Other algnifica	nt conditions	contributing to death	but not result	ting in the I	underlyin	n cause given in	Part i	. 24a, WAS A	N AUTOPSY	24b.3	WERE AUTOPSY FINDINGS
		physeu			0 1	verte	1	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Lactere	hou		00001	3 2	her	wey o	6/	4	7		1 _ YES 2 _ NO
SIA of	26%	anevy:	fu	14	PR	our.		1			
25. WAS CASE REFERRED T EXAMINER?	-	HOSPITAL:		ОТН		ACE OF DEATH (Ch	heck on	y one)			
1 TYES ZYNO		1 Inpatient 2 ER/O		OA 4 🗆 N	ursing Hon	e 5 Nesidence	4				
27. MANNER OF DEATH 1 Natural 5	Pending	28e. OATE OF INJUR (Month, Day, Year	281	b. TIME OF INJURY		PRK?	28d.	OEŞCRIBE HOW	INJURY O	CCURED	
2 Accident	Investigation	28e. PLACE OF INJU	DV — At home of	M seem steemed for	1 🗆		204	LOCATION (Street	and Must	er or Brown P	urbs Mumbar
3 Suicide 8 4 Homicide	Could not be datermined	building, atc. (S)	pecify)		actory, offic			City or Town, State		or or norm re	ute Humbel,
onel		AN: To the best of my kno: On the best of examina									end manner ee stated.
29b. SIGNATURE AND TITLE	or deminus	1/\		S		29c. LICENSE NU	MBER		29d. DA	TE SIGNED	Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type Print)		0/6	28	3	•	0-	4770
PERE	RO	205210	To, o	40	/	777 1	RE	TIPER	DIK	BUIL	12: 21204
31 DATE FILED MORTE BOY	Year) Life	AST PEGISTE HOTE	MORE						1		



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the before within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

METED BY FUNERAL DIRECTOR

TO BE COM

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lest) MARTIN SCHWART	Z	2. DATE OF DEATH MONTH DAY	1990 10:45 P. M
	UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) 8-2-1919	8. BIRTHPLACE (State or Foreign County) ARYLAND
3802 HENDON RD.	CITY, TOWN OR LOCATION OF DE RANDALLST		BALTIMORE
	OWN OR LOCATION ANDALLSTOWN		10d. INSIDE CITY LIMITS? \$\forall^1 \text{YES 2 \cap NO}
100. STREET AND NUMBER 3802 HENDON RD.	101. ZIP CODE 211		USA
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES W WII - ARMY	13. WAS DECENDENT OF HISPAF If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puarlo Ricen, etc.)	- 14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCATION 16e. DECEDENT'S USI	done during most of working	16b. KIND OF BUSINESS/	
5 SPEC 17. FATHER'S NAME (First, Middle, Last) WILLIAM SCHWARTZ	the state of the s	INTERNAL ME (First, Middle, Melden Surname RIETTA UNKNOW)	·
	DRESS (Street and Number or Rural ENDON RD - RAN	Route Number, City or Town, State, DALLSTOWN, MD	
1 Buriel 2 Cremetion 3 Removal from State other place)	ON (Name of cemetery, crematory or		— City or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA		•
23. PART I. Enter the diseases, or complications that caused the deeth. Do not shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. Metastatic Carcin Due to (or as a consequence of):	enter the mode of dying, aud	h as cardiac or respiratory	
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other significant conditions contributing to death but not resulting in the End Start renal disease	he underlying cause given in	PERFORMED?	AVAILABLE PRIOR TO
Polycystic Kidney desease		1 _ YES 2 @ NO	OF DEATH? 1 YES 2 NO
	26. PLACE OF DEATH (CI		
27. MANNED OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 1 Netural 1 Pending	F 26c. INJURY AT	26d. DESCRIBE HOW INJURY	OCCURED
2 Accident investigation 3 Suicide a Could not be determined 26e. PLACE OF INJURY — At home, farm, streed building, etc. (Specify)	et, factory, office	261, LOCATION (Street end Nun City or Town, State)	nber or Rural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred a medical EXAMINER: On the bast of examination end/or investigation,			
286. SECTIVATURE AND TITLE OF CENTIFIEN M.D.	29c. LICENSE NU D217	MBER 29d. 1	DATE SIGNED (Month, Day, Year)
31. DATE FILED (Month), Day, Your) 32. REGISTRAB'S SIGNATURE	2102 Lut	horville M	d 21093
UL 0 = 1990 Julia Davidson-Maria		,	DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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attending physician.	Ise as the burial-transit p		
nours after death, Page 6 may be retaine	led in by the funeral director, page 5 shours	, or removal.	medical examiner must be notified at once.
SICIAN: The law requires that the death certificate be executed within 24	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
L DR ATTENDING PHYSI	. DIRECTOR: After this c	hours after death with	Item 28 is marked.

1	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Delores San	ders			2. OATE O MONTH	DAY	3. TIME OF DEATH 5 SO A M	
	168 28 3789	5. SEX 1 M 2 F 5 5		UNDER 1 YEAR IF UNDER 2 ITHS DAYS HOURS			BIRTHPLACE (State or Foreign Country) Pennsylvan:	
	SOUTHERN MARYLA RESIDENCE OF DECEDENT	ND HOSPITAL		LINTON	N OF OEATH	PRINC	E GEORGES	
DIRECTOR	Maryland Prin	ce Georges	10e. CITY, TO	WN OR LOCATION Washingt	on		10d. INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL	100. STREET AND NUMBER 3909 Lumar Dri	ve		101. ZIP CODE 2 0 7	44	10g. CITIZEN US A	OF WHAT COUNTRY?	
A 3	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 X NO	Mexican, Puerto Ric		. RACE — American Indian, Black, White, etc. Specified Lack	
IPLETED	15, DECEDENT'S EDU (Specify only highest grade	College (1-4 or 5 +)	180. DECEDENT'S USU (Give kind of work life. Do NOT use rel D M e s t i c	done during most of working ired.)		rivate Ho		
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) John Cosby			16. МОТНЕ Неп	rietta	dde, Meiden Sumeme) Robinson		
	Deloria Allen		Same a	ddress as	# 10	r, City or Town, State, Zip Co	ode)	
1	20g. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State 20b. A	PLACE OF OISPOSITION PROPERTY	(Name of cemetery, creme Cemetery	itary or	Pittsbu	or Town, State irgh, Pa.	
1	22. NAME AND ADDRESS OF FACILITY I Yes-Pearson Funeral Homes Arlington, va. 22201							
	22. PART I that the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardia Rul n	the death. Do not ch line.	Arrest	g, such as cardi	oc Dr respiratory arres	t, Approximate intervel Between Onset and Death	
IFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.							
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 VES 2 X 40 248. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO							
Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 - 00	HOSPITAL:		THER:	ATH (Check only one)			
> 1 .	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED							
- 1	2 Accident 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	one)	ICIAN: To the best of my knowle						
B '	206. SIGNATURE AND TITLE OF CERTIFIE	nee Hay	emi		NSE NUMBER	29d. DATE S	IGNED (Month, Day, Year)	
2	OSWALD HALLE	9131 Piscate		d Cintos	n md:	20735 .		

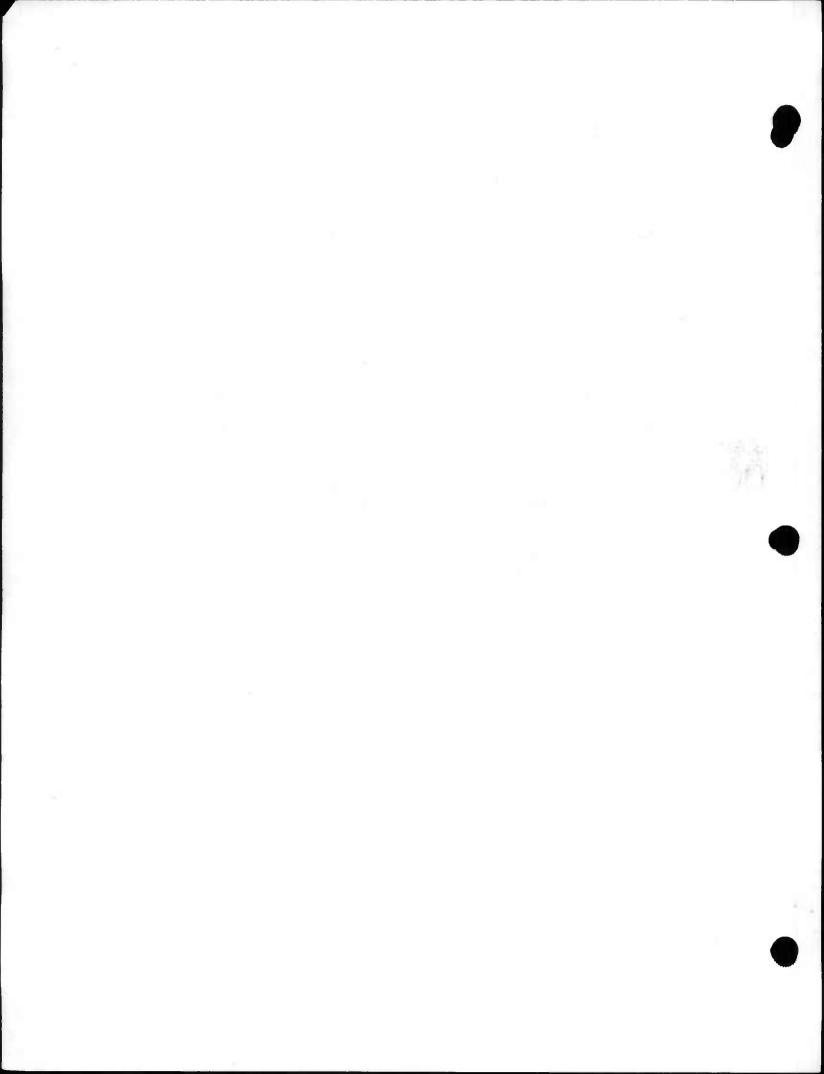
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	ton y		
	O' Dill		Constant of the Constant of th
	SIGNATURE	100 to 10	No.
0,	ATE	Eos T	· acc
18/8		Tre	ADV 21/2/2
SSA		TIME	
			_

notified at once.

31. DATE FILED (Month, Day, 1990)

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			IENTAL HYGIEN REG. NO			
		Chritzer	(HANNA)	H SCHNT	TZER)	2. DATE OF DEATH DO	1 9	3. TIME OF DEATH 2'40 M BIRTHPLACE (State or Foreign	
	216-32-3315	□M2 DF G	37 YRS. MO	THS DAYS	HOURS MIN. (Menth, Day, Year) Country		Country		
OR	90. FACILITY NAME (If not institution, give street UNIVERSITY HOSPIT		9b		R LOCATION OF DEA	TH '	9c. COUNTY	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY				WN OR LOCATION SALTIMORE 10d. INSIDE LIMITS 1 K YES				
FUNERAL	100. STREET AND NUMBER 3800 FORDS LA., APT	. 101		10f	ZIP CODE 2121	5		OF WHAT COUNTRY?	
B		2. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 100	If yes, spe		C ORIGIN? (Specify Ye, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE	
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementery/Secondary (0-12)		16e. DECEDENT'S USL (Give kind of work life. Do NOT use re-	done during mo	N st of working	18b. KIND OF BU	SINESS/INDUS	ESS/INDUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last) DAVID WOLFE					SIE UNKNO	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) MARVIN SCHNITZER	De. INFORMANT'S NAME (Type/Print) 19b.				oute Number, City or Tov	vn, State, Zip Co		
	1X Buriel 2 Cremetion 3 Removat from State other pla							TION — City or Town, Stata	
6000	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AN SOI		N & BROS.	, INC.		
	23. PARTUL Ener the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiac or respiratory arrest, and it, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Lift Two Lul Curolly Administrations are condition as the condition of the c								
ATION	Sequentially list conditions, if eny, landing to immediate cause. Enter UNDERLYING b. Due to (or as a consequence of): Under UNDERLYING Due to (or as a consequence of): Due to (or as a consequence of):								
CERTIFICAT	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	UENCE OF):					
AL C		and the state of the state of	A = -A N = - 1 = A	har conducted	cause alven in l	Part I 24e WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
	PART II. Other algnificant conditions of	l \ Laulia	nt not reaulting in t	na unoanyin	g cadad given in t	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	tospital:	n	28. PI	ACE OF DEATH (Che	PERFO 1 YES	RMED?	COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Neturet 5 Pending	l I ferilie	n	26. PI THER: Nursing Horr 28c. INJ	ACE OF DEATH (Che	PERFO 1 YES	RMED? 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	tospital: Inperient 2 = ER/Outpe	thient 3 □ OOA 4 28b. TiME O INJUR	28. PI THER: Nursing Horr F 28c. INJ WC M 1	LACE OF DEATH (Che te 5 Reeldence URY AT RK? YES 2 NO	PERFO 1 YES	RMED? 2 NO INJURY OCCUI	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF OEATH 1 Neturst 5 Pending Investigation Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	tospital: Inpatient 2 = ER/Outpa 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specil	thient 3 □ OOA ↓ O ↓ O ↓ O ↓ O ↓ O ↓ O ↓ O ↓ O ↓ O	28. PITHER: Nursing Horr F 28c. INJ W WC M 1 1 1	LACE OF DEATH (Che te 5 Reeldence TURY AT THK? YES 2 NO e end plece, end due	PERFO 1 YES 1 YES Ck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(a) and materials of the cause(b) and materials of the cause	INJURY OCCUI	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number,	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF OEATH 1 Neturst 5 Pending Investigation Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	tospital: Inpatient 2 = ER/Outpa 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specil	At home, farm, atre-	26. PI THER: Nursing Horr F 28c. INJ. WC M 1 1 st, factory, office at the time, date n my opinion, co	LACE OF DEATH (Che te 5 Reeldence TURY AT THK? YES 2 NO e end plece, end due	PERFO 1 YES 1 YES 1 YES 1 YES 28d. Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stell to the cause(a) and mi	INJURY OCCU	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number,	

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permit. Pages 1, 2, 3 should

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

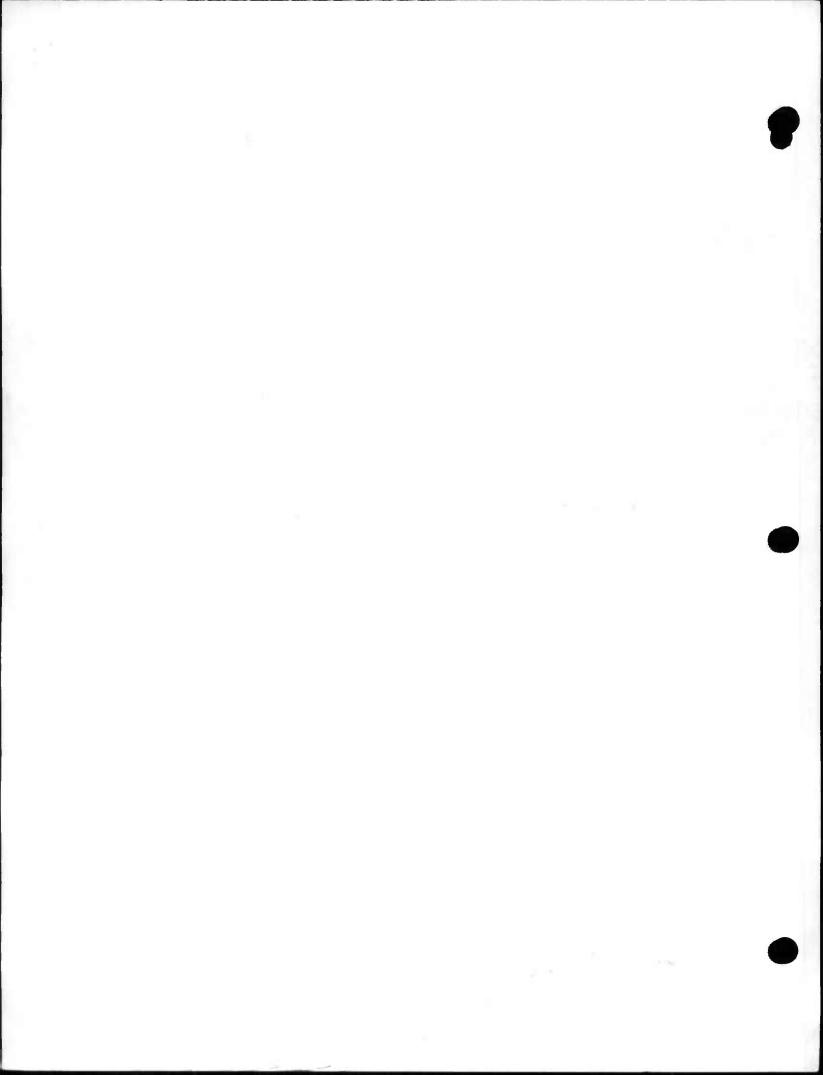
FOR

	1 - STATE REGISTRAR		CI			F DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	Albert E. Shay,	Jr.					07/0	1/90്	NY.	YEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	HTOLE		8. BIRTH	PLACE (State or Foreign
	218-07-2959	X(X) M 2 □ F	78	YRS.	MONTHS DAYS	NOURS MIN.	05/1	8/12		Ba1	to., MD
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOW	OR LOCATION OF D		-,	9c. COU	NTY OF D	
DIRECTOR	3520 Roland Avenue				Balti	more City			Ва	altin	nore City
9	10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY LIMITS?
勝	MD Balt:	imore Cit	У	I	Baltimo	re City					1 XX ES 2 NO
4	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
	3520 Roland Avenue					21211				S.A.	
	1 Never Married 2 Married	FORCES? 1	VAN DATES	NO	If yes,	ECENDENT OF HISPA apocify Cuban, Moxico	an, Puarto Rica	n, atc.)	or No-	Black	E — American Indian, k, Whita, atc.
2	3 X Widowed 4 Divorced		-1945		1 D Y	ES XX NO Specif	fy:			Speci	"Y" White
	15. DECEDENT'S EDU	CATION	16a, DI	ECEOENT'S	USUAL OCCUP/	TION	16b, KJ	ND OF BUS	SINESS/INI		
E	(Specify only highest grade	completed)	(G	live kind of Do NOT u	work done during se retired.)	most of working	1 1 1 1 1 1				
7	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5	*)	Post	tal Cle	rk	1	11.5	S. Po	stal	Service
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Midd			, , ,	3017200
BEC	Albert Ellswor	rth Shay				M	Minnie Belle Crue				
6	19a. INFORMANT'S NAME (Type/Print)		19	b, MAILING	ADDRESS (Stre	t and Number or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
۴	Calvin L. Shay			4016	Hicko	ry Avenue	Balt	imore	e, MI	21	.211
	204, METHOD OF DISPOSITION Disposition 3 - Rem	oval from Stata	20b. PLACE other p	(ace)		cemetery, crematory or			CATION —		
	4 Donation 5 Qther (Specify)		-	Lal		Memorial		E.	lders	sburg	g, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	~ 1		22. NAME	AND ADDRESS OF FA	Bu:	rgee-	-Hens	s Fu	meral Home
	him	Burgu	Hens	2	363	I Falls R					21211
	23. PART i. Enter the diseases, or	complications the	t causad tha d	eath. Do	not anter the	node of dylng, au	ch aa cardiad	or reap	Iratory ar	rest,	Approximata
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Daath										
	disease or condition resulting in deeth) s.										
	DUE TO (OR AS A CONSEQUENCE OF):										
S	Sequentially llat conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE 10	OH AS A CONSE	OUENCE C	PF):						
S	CAUSE (Diseese or injury	c. OUE TO	(OR AS A CONSE	QUENCE O)F):						
Ē	that initiated events resulting in death) LAST		. 2007		95						
S		d									
	PART ii. Other significent condition	18 contributing to	deeth but not	resulting	In the underly	Ing cause given Ir	Part i. 24	e. WAS AN	AUTOPSY	24h	AVAILABLE PRIOR TO
DICAL							1	YES 2	NO 🗆 S		COMPLETION OF CAUSE OF DEATH?
M											1 YES 2 NO
ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	heck only one)				
PHYSICIAN: ME	1 TES 2 NO		☐ ER/Outpatient	3 🗆 DOA		ome 5 🗆 Realdence	6 Other (S	(pectfy)			
PH	27. MANNER OF DEATH	26a, DATE Of (Month, i	F INJURY Day, Year)	28b. TII	ME OF 26c.	INJURY AT WORK?	28d. DESCR	IBE HOW	INJURY O	CCUREO	
B	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE (building	OF INJURY — At h , etc. (Specify)	ome, farm,	atreet, factory, c	ffica	28f. LOCATI Cify or	ON (Street Town, State	and Numbe)	er or Rural	Route Number,
딥	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, d	leath occur	red at the time, o	ista and place, and du	a to the cause	(a) and me	nner aa st	nted.	
building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D.							a) and manner as stated.				
							O (Month, Day, Year)				
TO B	Deley U.	day				0332	220			7/2/	90
Ε.	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAL	JSE OF OEATH (IT	EM 27) (Typ	e, Print)						
	BI. DATE FILED (MODIL) - POR YEAR)	32. REGISTP	AR'S SIGNATURE	_							
	SULTE (15 Mgg 90 Har) Julia	Devidon-1	tandelle								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE TRANSPAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 m personal members and attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director solar attended for use as the burial-transparent death with the State heart of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be sent once.

	1 - STATE OF MAI		ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Vaughan, Addie			2. DATE OF DEATH	75AR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 229 - 20 - 8052 1 1 M 2 1 F	AGE (In yrs. lest birthday) IF NON	7. DATE OF BIRTH (Month, Day, Year) 3 - 25 - 0	Count	HPLACE (State or Foreign ry)			
2013	9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital	Baltimore Ci		9c. COUNTY OF C	DEATH			
DINEC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY M D		10d. INSIDE CITY VLIMITS? 1 1 YES 2 NO					
EMAL	3321 ELMLEY AVE.	101. ZIP CODE 21213						
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS OECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 X NO Specify	n, Puarto Rican, atc.)	or No— 14. RAC Blee Spec	E — American Indian, ik, White, atc.		
OMPLEIED	15. DECEOENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) O t	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei DOMES	done during most of working ired.)	16b, KIND OF BUS	INESS/INDUSTRY			
202 38	17. FATHER'S NAME (First, Mickello, Lest) DANIEL JOHNSON		ADDI		ON			
2	190. INFORMANT'S NAME (Type/Print) FANNIE MCTEER	DRESS (Street and Number or Rural I ELMLEY AVE	BALTIMOR	E, MD.	21213			
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	WE'S TERN S	TAR CEMETERY 22. NAME AND ADDRESS OF FA	CA	TONSVI	LE, MD.		
	Aladie War		WM.C. MARCH		01 E. ſ	NORTH AVE.		
CERTIFICATION	23. PART I. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate interval Between Onsat and Daeth Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):							
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to de	ath but not resulting in t	ha underlying cause given in	Part I. 24a, WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 YMO HOSPITAL: 145 Appartent 2 E		26. PLACE OF OEATH (Ch					
SY PHY	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, 2 Accident Investigation	JURY 285, TIME O	F 28c, INJURY AT	28d. OEŞCRIBE HOW I	NJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide detarmined	and Number or Rural	umber or Rural Route Number, VA					
3 Suicide 4 Homicide detarmined building, stc. (Specify) NA City or Town, State) NA 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as a constant of the cause(a) and t								
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1 marins	Surgicul 290. LICENSE NU Intern	MBER	29d. DATE SIGNE	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 31. OATE FILEO (Nonty, Day, Year) 32. REGISTRAR	el B Univ	ersite Pkux	Balt m	5			
	JUL 5 1990 July Kindson	Brokelle	· Lorenza	4 5 ,		DHMH-18 Rev 1/8		



al examiner must be notified at once.

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10483652-0183 VORTH FLOREN

					07/	02/50	34 40	-1816	,3		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	DEATH AND A	MENTAL HYGIEN	Floren	Z AVE			
	1. DECEDENT'S NAME (First, Middle, Last)				42 4 45	2. DATE OF DEATH	AY YE	3. TIME-OF DE	ATH		
	Florence	prence WORTH						90	м		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	rs. last birthday)	IF UNDER 1 YEAR	IF UHDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Country)	Foreign		
	221 17 2722	1 □ M 2 🔀 F 91	YRS.	MONTHS DAYS	HOURS MIN.	12 30	98	Delaware			
~	90. FACILITY NAME (If not institution, give stre	at and number)		9b. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
Ö	Sinai Hospital Baltimore City Baltimore										
ដ្ឋ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	TION			10d. INSIDE CI	TV		
DIRECTOR	Maryland Balti	more		ikesvill				LIMITS?			
Y.	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY	?		
FUNERAL	7 Sudbrook Lane	2120	8	11	S.A.						
N	11. MARITAL STATUS	12. WAS OECEDENT EVER IN U		13. WAS DEC		IIC ORIGIN? (Specify Yes		RACE — American In Black, White, atc.	idlen,		
E.	1 Never Merried 2 Merried	FORCES? 1 YES IF YES, GIVE WAR OR DATE					Bleck, White, atc. Specify:				
В	3 2 Widowed 4 Divorced			1	- gg ite optomy	•		White			
ED	15. OECEDENT'S EDUCA (Specify only highest grade co	TION 10	Ba. DECEDENT'S L	ISUAL OCCUPATIO	ON set of working	16b. KIND OF BU	SINESS/INDUST	TRY			
Щ	Elementary/Secondary (0-12)	Collega (1-4 or 5+)	Ilfe. Do NOT use	ork done during mo retired.)	at or worning						
APL	12 Years		Prici	ing Cler	k	Goodwil	11 Indu	stries			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden					
BE C	Augustus	Sesterhenn			Eliz	abeth Meve	rs				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural F	Route Number, City or Tow	n, State, Zip Co	de)			
5	Mrs. Helen Worth		P.O. Bo	x 5733	Pikesvil	le, MD 21	208-07	733			
	20e. METHOD OF DISPOSITION	20b. P	LACE OF DISPOS		metery, crematory or		CATION — City				
	1 XBurial 2 Cremation 3 Remov	mi from State	ther place) Druid F	Ridge Ce	meterv		Pikesv	ille, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME A	ND ADDRESS OF FA	CILITY					
el	DAT 1	n Anak	_	Lorin	g Byers	Funeral Di	rector	s, Inc.			
_	/sephen!	1 Kerry				Road Rand			21133		
1	23. PART i. Enter the dieaeses, or complicatione that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory errest, ehock, or haert feiture. Liet only one cause on each line. Approximate interval Between										
da.	MMEDIATE CAUSE (Fine)		Onset a	ind Daath							
	seese or condition s.	Myocard	al Ir	Sarct	HOIT			min	utes		
18	s. Myocardia Theoretian Due to (or as a consequence of):										
超	Samuellally Hat anothing of a Gangrene LEFT ARM										
TIC	Sequentielly list conditione, If any, leeding to immediate										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Dispass or Injury										
TE	that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):				İ			
ER	d.										
1.0	PART II. Other eignificent conditions	contributing to death but	not resulting i	n the underivin	a ceuee aiven in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPS	Y FINDINGS		
CA		•			•	PERFQ	RMED?	AVAILABLE PRIC	OR TO		
ä						1 🗆 YES :	2 NO	OF DEATH?	/		
Σ						- _		1 🗆 YES 2	NO		
PHYSICIAN: MEDICAL											
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)					
YS	1 YES 2 NO	1 Inpetient 2 ER/Outpeti			ne 5 🗆 Residence						
	27 MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME	JRY WO	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUP	(ED			
ВУ	2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify		treet, factory, offic		28t. LOCATION (Street City or Town, Stete		Rural Route Number,			
ETE	A LI HOMBOO										
PL	(Orack Offi)	IAN: To the best of my knowled	ige, death occurre	d at the time, date	end place, and due	to the cause(s) end ma	nner as stated.				
COMPLETED	000)	On the basic of examination e	nd/or investigation	n, in my opinion, (death occured at the	time, date and place, e	nd due to the c	euse(e) end manner e	e stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	111 5	ureical	Resident	29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Mgnth, Day, Ye	er)		
BE	-11 1 -	P	100505	AFF	(-) D3	9652	b 7	12/20	100		

Belvedere & Greenspine,

Surcical Resident 200 LICENSE NUMBER 296. SIGNATURE AND TITLE OF CERTIFIER MD) D39953

Ranke 31. DATE FILED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, F

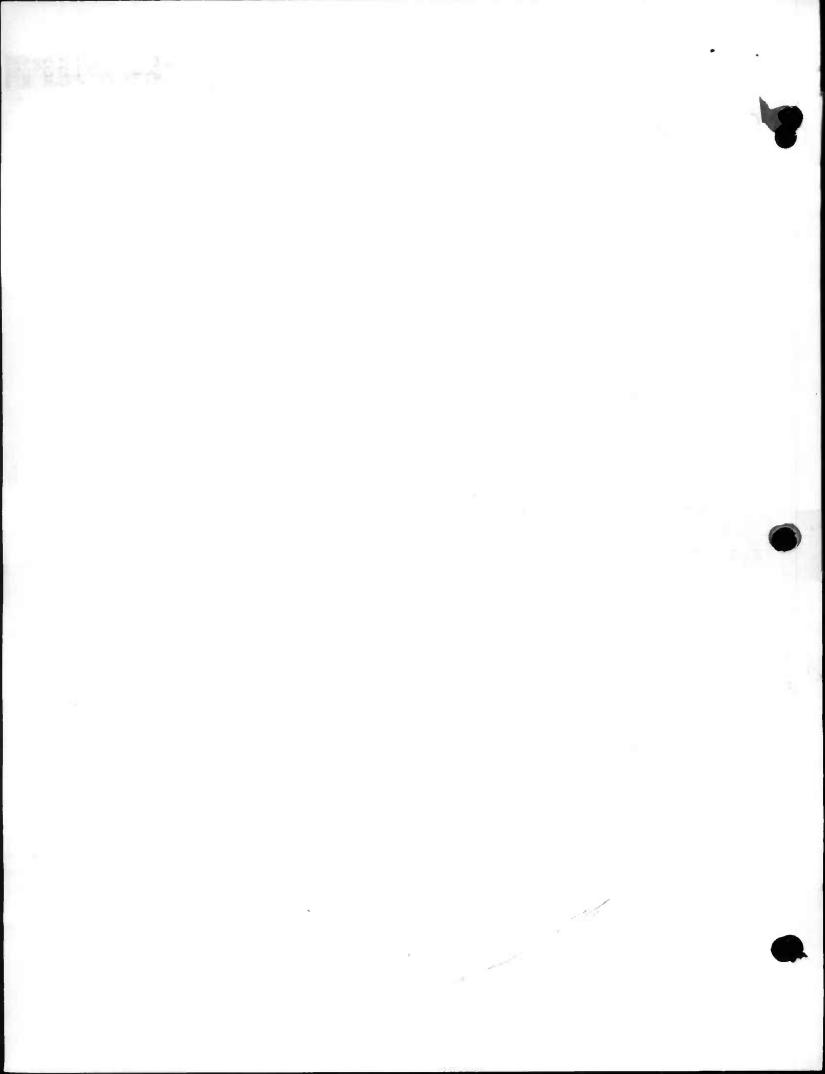
Sinai Hospital

Supering Street Stree

DHMH-18 Rev 1/89

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Balto 21215



Alphonso 31. DATE FILED (Month, Day, Year)

JUL

							J	U	18164		
	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Lest) MARY	<i>\</i>	VILLIAMS			2. DATE OF DEATH MONTH		S. TI	ME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-76-0707	1 - M 2 X	GE (In yrs. last birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 - 26 - 2	8.	BIRTHPLAC Country)	E (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give st 308 E. 26t	E. 26th STREET BALTIMORE, CITY									
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			y, town or locate LTIMORE					INSIDE CITY LIMITS? YES 2 \(\) NO		
ERAL	308 E. 26th	STREET		101.	ZIP COOE		10g. CITIZEN	S A	COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ YI IF YES, GIVE WAR OF	ES 2 NO	IIC ORIGIN? (Specify) n, Puarto Rican, atc.)							
TO BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12) 9 t h	CATION completed) College (1-4 or 5+)	(Give kind of a	usual occupation work done during mose retired.) E KEEPI	st of working	16b. KIND OF B	USINESS/INDUS	TRY			
語の記	17. FATHER'S NAME (First, Middle, Last) DOC. WILLIS 18. MOTHER'S NAME (First, Middle, Maiden Surname) MATTIE WILSON										
0	19a. INFORMANT'S NAME (Type/Print) NATHANIEL WILSON 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 308 E. 26th ST BALTIMORE, MD. 21218 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State										
	20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from Stata	206. PLACE OF DISPO		EMETER	/ A N	NE ARU	JNDEL	CO, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE U) a m a	\supset		. MARCH		101 E.	NOR	RTH AVE.		
	23. PART I. Enter the diseeses, or shock, or heert fellure.	complications that cau List only one cause of	sed the deeth. Do n	not enter the mo	de of dying, suc	h ee cerdlec or res	piratory errest	t,	Approximete interval Between Onaet and Desth		
	immediate Cause (Final disease or condition resulting in desth) a. Coronary Arteriosclorosis oue to (or as a consequence of):										
NOI	Sequentially list conditions, if any, leading to immediate b. Hypertension Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):										
CER		d						1			
PHYSICIAN: MEDICAL	PART II. Other significent condition NONE	s contributing to deat	h but not resulting	In the Underlying	g ceuse given in	PERF	AN AUTOPSY ORMED? 2 ⊠ NO	CDM OF E	LABLE PRIOR TO IPLETION DF CAUSE DEATH? YES 25 NO		
AN:	25. WAS CASE REFERRED TO MEDICAL			26 Di	ACE OF DEATH (Ch	ack anti-one)					
SICI	EXAMINER?	HOSPITAL:	Outpetient 3 DOA	OTHER:		8 Other (Specify)					
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye	28b. TIN	AE OF 28c. INJ JURY WO		28d, OESCRIBE HO	W INJURY OCCUP	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJ building, atc. (URY — At home, farm, Specify)	street, factory, offic	•	28f. LOCATION (Stre City or Town, Sta		Rural Route	Number,		
COMPLET	(Critical Crity	ICIAN: To the best of my k	1		A WENT OF THE PARTY OF THE PART				manner as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) DI-3631									
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)					1		

Rhee, M. D

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

DHMH-16 Flev 1/89

a

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24:

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEP			EALTH AND I		GIEN			10103	
	DECEDENT'S NAME (First, Middle, Last) RUTH ESTHER WEST.	FALL.	OLITI	ITIOATI	_ 01	DEAIII	2. DATE OF O MONTH 07- 1	EATH DA	AY	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213745016	5. SEX 1 M 2 F	8. AGE (In yrs. lest birthde	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, NOV.	RTH	1900	6. BIRTHPLA Country) Wes	ce (State or Foreign t Virgin:	
TOR	9e. FACILITY NAME (If not institution, give sti SACRED HEART HOS RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF DEATH CUMBERLAND, MD				ALLEGANY COUNTY					
DIRECTOR	Maryland Alle				ty, town or Location esternport					10d. INSIDE CI LIMITS? 1 YES 2		
FUNERAL	116 Donna St					21562				U.S.	T COUNTRY?	
B√	II Never Merried 2 Merried								Specify:	American Indian, hite, etc. White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) Unknown		Ilfe. Do NO	T'S USUAL O of work done T use retired.)	during mo		18b. KINE	OF BU	SINESS/INDU	ISTRY		
CON	17. FATHER'S NAME (First, Middle, Last) George F. Brown Annie Smith											
	19e. INFORMANT'S NAME (Type/Print) 1ab. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Evelyn Shingler Rt.1 Box 40, Westernport, Md 21562 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State											
•	20 METHOD OF DISPOSITION Disposition 3 Grammation 3 Grammation 3 Grammation 4 Gram	oval from State	20b. PLACE OF DIS other place) Philo								, Md.	
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSÈ	andi	22.	NAME AF	ID ADDRESS OF FA	CILITY					
	23. PART i. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between IMMEDIATE CAUSE (Finsi disease or condition rasulting in death) e											
NOI	Sequentially list conditione, If env, leading to immediate The to (OR AS A CONSEQUENCE OF): Consequence of the conditione, If env, leading to immediate											
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in desth) LAST	FUE TO	PR AS A CONSEQUENCE	UN FO	Ban	RU	o dur	ne		_		
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Scuric Ostro Arthur 1 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	ER/Outpatient 3 □ 00	OTHE	R:	ACE OF DEATH (C)		- 16 1				
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, Da	NJURY 28b.	TIME OF INJURY	26c. IN.	IURY AT DRK? YES 2 NO	T	er (Specify) \$CRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be determined	28e. PLACE Of building, a	INJURY — At home, fer itc. (Specify)	rm, atreat, fed	ctory, offic	•	28f. LOCATION City or Tox			or Rural Rout	te Number,	
COMPLETED	COLOCK OTHY		my knowledge, death occurrently								nd manner ee stated.	
TO BE C	290. SIGNATURE AND TITLE OF CERTIFIES	M	\sim			29c. LICENSE NU	163		29d. DATE	SIGNED IM	ylm, Day, Year)	

	in my opinion, death occards at the time, date and place	e, end day to the dadde(e) and maintain as also
a. SIGNATURE OF TITLE OF CENTIFIES	29c. LICENSE NUMBER	29d. DATE SHOWED (Myden, Chap. Year)

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

 3146, BALTIMORE, MARYLAND 21203-3146 cuted within 24 mus after death. Page 6 may be retained by the hospital or attending physician.

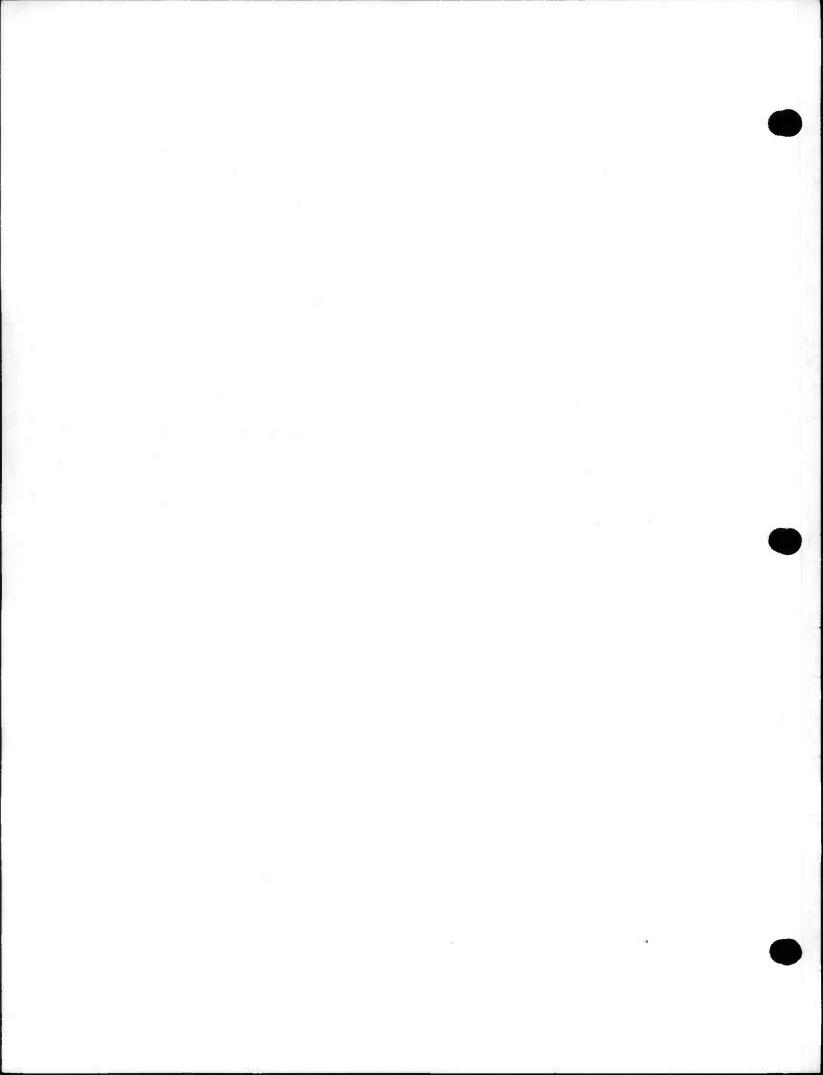
Use as the burial-transit permit. Pages 1, 2, 3 should be a set to burial-transit permit.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 ships		IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
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Dur	d in	0,0	E
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CIAN	ertifi	the	10
138	is C	vith 1	ed,
6 P	er th	ath v	nari
NIG	Att	r dea	S
TE	ADI.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28
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포	王	filed	POR
2	2	2	Ξ

	1 - STATE REGISTRAR	TATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) William	т.	Zeł	ner	2. DATE OF DEATH MONTH 7-2-90	YEAR	3. TIME OF DEATH 11:45AMm		
	217-60-3657 10	M 2 □ F	yrs. last birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 18 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-14-5	3 M	Ary/And		
POR	9a. FACILITY NAME (If not institution, give street at 1222 Berk Avenue	and number)	9b. C	Rosedale	EATH	Baltim	ore County		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARY AND BA	timore	1	NORLOCATION OSedale	LIMIT				
ERAL	10e. STREET AND NUMBER 1222 Berk 1	luenue		101. ZIP CODE 2/2:	37	10g. CITIZEN OF	WHAT COUNTRY?		
BY FUN	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specif	an, Puarto Rican, atc.)	Bla	CE - American Indian, ck, Whita, atc.		
ETED B	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	DN ploted) plege (1-4 or 5+)	Ille. Do NOT use retire	ne during most of working d.)	16b. KIND OF BUS	I INESS/INDUSTRY	White Comments		
	17. FATHER'S NAME (First, Middle, Lest)	- 117.	12/1	18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)			
BE @		Zehner	SR.	MAG	daline.		reman		
9	190. INFORMANT'S NAME (Type/Print)		196. MAILING ADDR	inedral	Prive Bo	, State, Zip Code)	0 21220		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE OF DISPOSITION other place)	(Name of cometery, crematory or	20c. LOC	CATION - City or	.121		
	21. SIGNATULE OF FUNERAL STRVICE LICENS	EE		22. NAME AND ADDRESS OF FA CVACH - ROSE 1211 Chesia	dale Fun	0 11	Home Inc, more, MD 21237		
	23. PART I. Enter tha diseases, or compshock, or heart failure. List						Approximate interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Cirrhosis of the liver Due to (or as a consequence of):								
N	Sequentially list conditions,	Chronic a	lcoholism						
CATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
AL	PART II. Other significant conditions co	ontributing to death b	ut not reaulting in the	underlying ceuse givan in	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC					_		X⊠XES 2 □ NO		
ICIA		OSPITAL:	ОТІ	28. PLACE OF OEATH (C					
HYS	ZEMES 2 NO 1 0	Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Hesidanca 28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED			
BY	XXX Natural 5 Pending 2 Accident Investigation		At home, larm, street,	1 YES 2 NO	28f. LOCATION (Street &	and Number or Run	il Route Number		
ETED	3 Suicida 8 Could not be 4 Homicide detarmined	building, atc. (Spec	ffy)		City or Town, State)				
COMPLETED	one)			he time, data and place, and du my opinion, death occured at th			e(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	he Whill	U	29c. LICENSE NU	IMBER CME		ED (Month, Day, Year) 7—3—90		
F	30. NAMĚ AND ADDREŠS OF PERSON WHO CO MARGARITA A. KOP		ATH (ITEM 27) (Type, Print)	111 Penn Str	eet,Baltim	ore,MD 2	21201 v		
	JUL 05 1990 Julia	Davidson-Han	1						

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

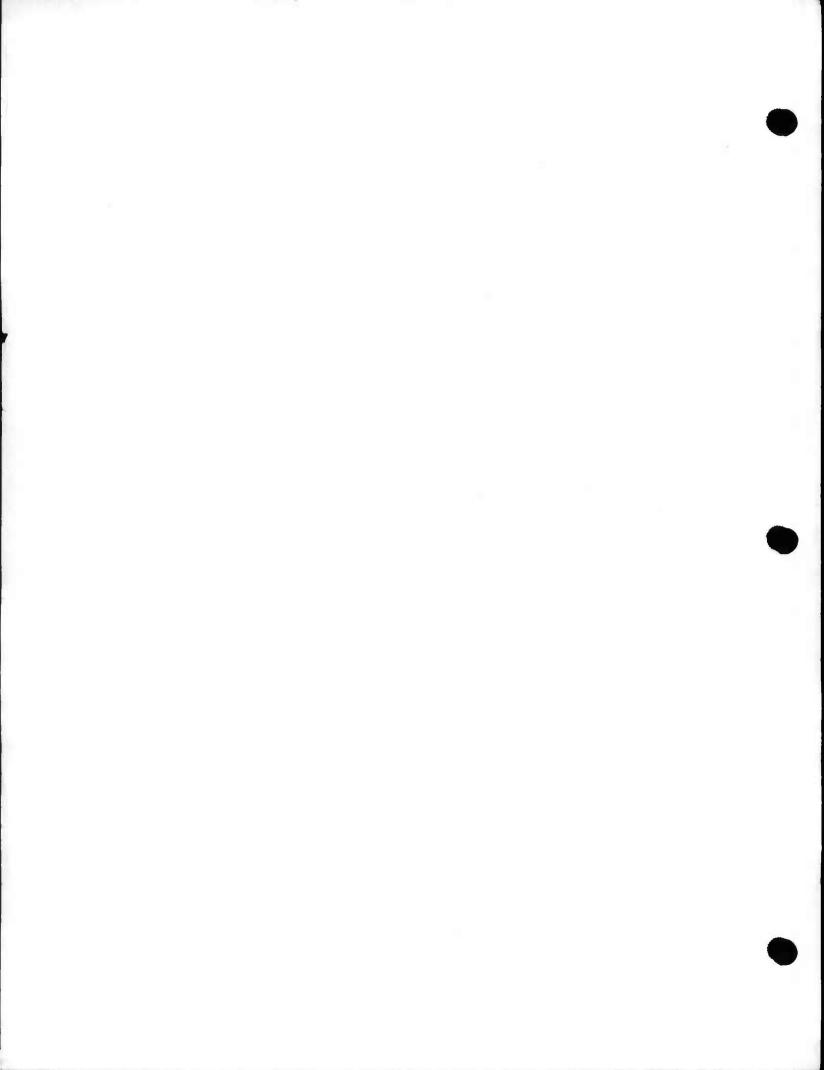
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

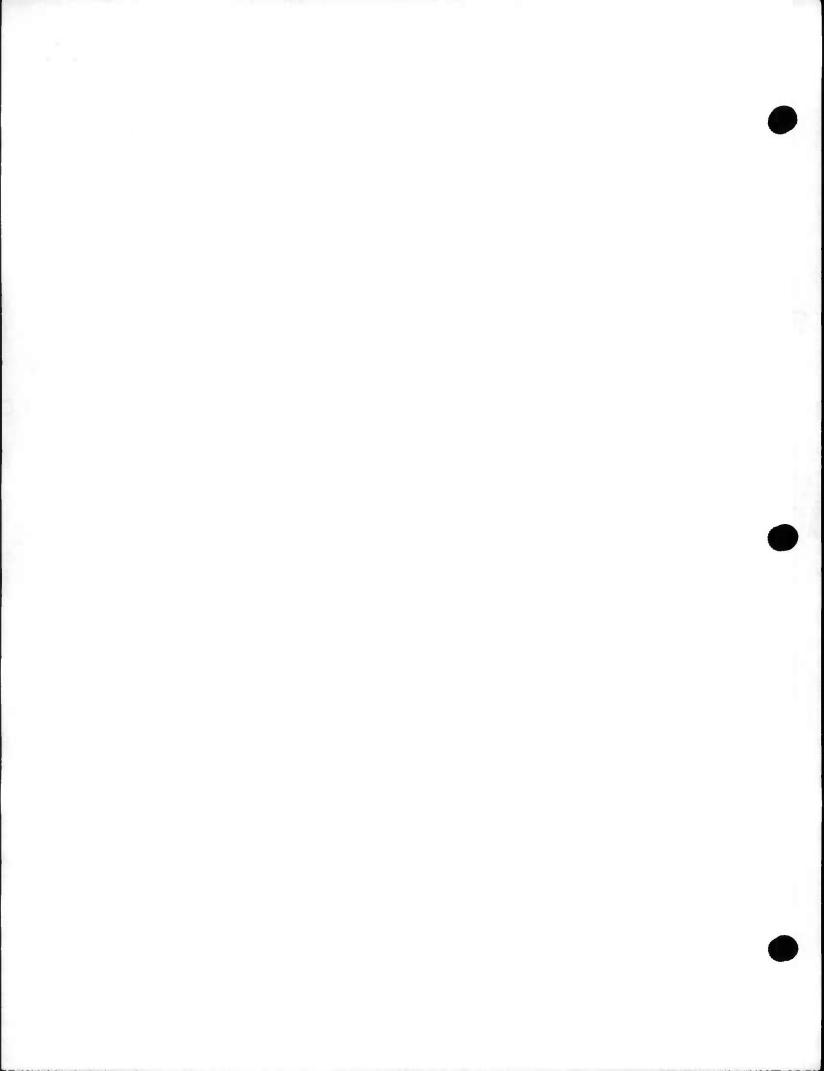
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, A	Aiddle, Last)							2. DATE	E PEATO	.199	0	3. TIME OF D	EATH	
BERNAI	RD	C.		ALTMAI	V			7	2	W	90	2:45	P	M
4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O			8. BIRTH	PLACE (State of	r Foreign	
213-03-7024		1 🔀 M 2 🗆 F	73	YRS.	MONTHS	DAYS	HOURS MIN.	DEC.	23.	1916	MAI	RYLAND		
9e, FACILITY NAME (If not inst	itution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
Union Mer	noria	Hospita	ลไ			Ra	ltimore (7i+37		N	/A			
RESIDENCE OF DECE	DENT	поорта	11				TCIMOLE (LLy		1	,			_
	10b. COUNTY	1		10c, CIT	Y, TOWN (OR LOCAT	TION					10d. INSIDE (YTK	
MARYLAND	N/A			BAI	LTIMO	DRE	CITY					1 X YES 2	□ NO	
100. STREET AND NUMBER 123 APARTMEN	VT 3E	WEST 291	H STRE	ET		1	1. ZIP CODE 1218			10g. CIT		WHAT COUNTR	17	
11. MARITAL STATUS		12. WAS DECEDEN					CENDENT OF HISPAN			or No-	14. RACI	E — American	ndien,	
1 Never Merried 2 N 3 Wildowed 4 Divorce		FORCES? 1 IF YES, GIVE W WII	X YES 2 [WAR OR DATES	_]NO		If yes, sp 1 YES	ecify Cuben, Mexica 2 AND Specify	n, Puerto Ri	can, atc.)		Spec WHI			
15. DECE (Specify only)	DENT'S EDU		16e.	DECEDENT'S	USUAL O	CCUPATIO	ON of working	16b.	KIND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0-1		College (1-4 or 5	+)	(Give kind of Ille. Do NOT u	se retired.)	during mo	ast or working							
N/A	1	1/A	S	ELF EN	(PLOY	ED		H	ARDWA	RE S'	TORE			
17. FATNER'S NAME (First, Mid	idle, Lest)						18. MOTNER'S NA	ME (First, Mi	iddie, Meiden	Sumame)				
HENRY M. ALT	IMAN						MARY C	. DEN	GLER					
19e. INFORMANT'S NAME (Typ.	oe/Print)			19b. MAILING	ADDRES	S (Street a	and Number or Rural I	Route Numbe	r, City or Tow	n, State, Zi	ip Code)		,	
BERNARD C. A	ALTMAN	, JR.(SC	N)	36-B (SLENV	TOOD	ROAD, BA	ALTIM	ORE,	MARY	LAND	21221		
20g. METHOD OF DISPOSITIO	ON		20b. PLA	CE OF DISPO	SITION (No	ame of ce	metery, crematory or		20c. LC	CATION -	- City or To	own, State		
1- Buriel 2 Cremetion 4 Donation 5 Qther(oval from State	MOST	HOLY	REDE	EEME	R CEMETER	RY	BAL	TIMO	RE C	ITY, MA	RYL	AN
21. SIGNATURE OF FUNERAL	SERVICE, LIC	CENSEE //	. //	-			ND ADDRESS OF FA							
» (Link	SCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR ROAD, BALTIMORE, MARYLAND 21236													
23. PART I. Enter the dis					not enter	the mo	ode of dying, auc	h es cerdi	ec or resp	iratory e	rrest,	Appro		
IMMEDIATE CAUSE (Fine		List only one on	me on each	ine.									i Betwe	
disease Dr condition		Right	Tibia	1 Frac	rture	5.71°	th Compl:	icat i	one			İ		
resulting in death)							Complicat			orto	ngiw	_ + _		_
							ardiovaso				IDIV	-		
Sequentially list condition if any, leading to immed		DUE TO	(OR AS A CON				ararovas	Julai	DIBC	usc_				
ceuse. Enter UNDERLYIN	IG													
CAUSE (Disease or injur that initiated events	y]	DUE TO	(OR AS A CON	SEQUENCE C	F):							1		
reaulting in deeth) LAST		4										ļ		
		G												
PART ii. Other aignificen	condition	ne contributing to	deeth but no	ot resulting	in the u	nderlyin	ig cause given in	Part I.	24a. WAS AN PERFO		248	AVAILABLE PE		GS
									1 X YES	NO D		COMPLETION OF DEATH?	DF CAUSE	2
												1 X YES 2	□ NO	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						LACE OF DEATN (Ch	eck only one)					
1 XYES 2 NO		HOSPITAL: 1 (Xinpatient 2 (☐ ER/Outpetien	1 3 DOA	OTHE 4 □ Nu		ne 5 🗆 Residence	8 Other	(Specify)					
27. MANNER OF DEATH		28e. DATE OF		28b. TII	ME OF	28c. IN	JURY AT		CRIBE HOW	INJURY O	CCURED			
	ending rvestigation	(Month, L			15A ^M		YES 2 NO	Ped	estri	an s	truc	c by au	ito	
2 Quielde		28e. PLACE (OF INJURY - A			tory, offic		28f. LOC/	TION (Street	end Numb	er or Rural	Route Number,	_	_
	could not be etermined	building	, etc. (Specify)	inters	sect i	on/	roadway	St	Doll-	20	00 b]		arles	5
29e. CERTIFIER														
(Check anty							e end place, end due death occured at the					(e) end menner	ee stated	l.
296. SPONATURE ON TITLE	OF CERTIFIE	R					29c. LICENSE NUI	MBER		29d. DA	TE SIGNE	D (Month, Day,	bar)	
0 70	1	_					OCN	Æ		•	7-4	1-90		
30. NAME AND ADDRESS OF	PERSON W	TO COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	e, Print)		, oct			1				_
James A. K	Kaplar	M.D.,	Assist	ant		. Pei	nn Street	, Ba	ltimo	re, l	MD 2	21201	V.	1
31. DATE FILED (Month), DIS, TY	du Su	31. DATE FILED (Month, De, Year) 32. REGISTRAN'S SIGNATURE												



	1 - FOR STATE OF MA		MENT OF HEALTH AND MEATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) PERCY BRAG	6		2. DATE OF DEATH MONTH O7 02	90 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 90. FACILITY NAME (If not institution, give street and number)	55 YRS. MG	UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN. D. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 06-11-35 ATH 90	8. BIRTHPLACE (State or Foreign $Country/A / A$.					
DIRECTOR	ST. AGNES HOSPITAL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CiTY, T	BALTIMORE CI	TY	10d. INSIDE CITY					
	MD 100. STREET AND NUMBER	BALT	TIMORE CITY 101. ZIP COOE	10	LIMITS?					
BY FUNERAL	IF YES, GIVE WAS	EVER IN U.S. ARMED YES 2) 100	IC ORIGIN? (Specify Yea or I n, Puerto Rican, etc.)	USA No— 14. RACE — American Indian, Black, White, etc. Specify BLACK						
COMPLETED BY	3 Wildowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +)		done during most of working etired.)	CCUPATION 18b. KIND OF BUSINESS/INDUSTRY furing most of working						
BE COMP	10th Grade 17. FATHER'S NAME (First, Middle, Last) LUKE BRAGG	Direct	Care Worker 16. MOTHER'S NA LUCY	ME (First, Middle, Maiden Surn	d St. Hospital LSON					
2	190. INFORMANT'S NAME (Type/Print) TERETHA PATTERSON		PORESS (Street and Number or Rural F							
	20a. METHOD OF DISPOSITION \$\mathcal{O} \mathcal{D} \	20b. PLACE OF DISPOSITI	ON (Name of cemetery, crematory or DRIAL PARK CE	ION — Cify or Town, State DALLSTOWN, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Cen	22. NAME AND ADDRESS OF FAM. WM. C. MARCH	1900.	1 E. NORTH AVE.					
CERTIFICATION	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reculting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in deeth) LAST Approximate interval Between Onset and Deeth Onset and Deeth DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to d	eath but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTPERFORMEI	D? AVAILABLE PRIOR TO COMPLETION OF CAUSE					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 LANGETTAL:		28. PLACE OF DEATH (Ch							
ВУ	27. MANNER OF DEATH 1	JURY 26b. TIME (INJURY - At home, ferm, stre	WORK? M 1 TYES 2 NO	28d. DESCRIBE HOW INJU	Number or Rural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the/basic of examiners									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0	29c. LICENSE NUI		9d. DATE SIGNED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE LUIS M. ZULLI (L. 31. DATE FILED (Month, Day, Year) 11.1. O b. 1000 Lung Jawedoon	OF DEATH (ITEM 27) (Type, Pr	marden ch	nurce la	ing Baltandais;					
	JUL 00 1990 gulle Davidson	Markon								

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.	i .			
	1. DECEDENT'S NAME (First, Middle, Lest) EVELYN RO	SETTA E	BECKHAM			2. DATE OF DEATH	() YEAR	3. TIME OF DEATH		
	220-18-6711 9a. FACILITY NAME (If not institution, give stree	1 M 2 X 5 67	YRS. MO		HOURS MIN.		8. BIRT Coun	MD		
DIRECTOR	1120 E. 20th RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNTY	ST. APT 18	10c. CITY, T	OWN OR LOCAT	ORE, M	D.		10d. INSIDE CITY LIMITS? 1X Yes 2 \(\text{NO} \)		
FUNERAL D	100. STREET AND NUMBER 1120 E. 20th S	T. APT 18N			ZIP CODE 2121	8	10g. CITIZEN OF	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	NC ORIGIN? (Specify Year n, Puerto Rican, atc.) y:	Blac	CE — American Indian, ck, White, atc.				
COMPLETED	(Specify only highest grade of									
TO BE COM	17. FATHER'S NAME (First, Middle, Last) RHODIE BECKH 19e. INFORMANT'S NAME (Type/Print)	Sumame)								
2			4406 M	ARTIN	LUTHER	KING AVI	$E - S \cdot W$	D.C. 20032 . WASHINGTO		
	4 Defination 5 D Other (Specify) 23 SIGNATURE OF FUNDAL SERVICE LICE Definition	14-00-00-00-0	WESTERN	22. NAME AF	ID ADDRESS OF FA	CILITY		ORTH AVE.		
	23. PART LEiter the disease, or conclude, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ist only one cause on e	ach line.					Approximeta Interval Between Onset and Death		
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.									
4: MEDICAL C	PART II. Other significant conditions () (NSA CA)				VSIUN	Part I. 24a. WAS AN PERFORI	MED?	Nb. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES PNO		
ICIA		HOSPITAL:		THER:	LACE OF OEATH (C)					
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outs 28a, DATE OF INJURY (Month, Day, Year)	28b. TIME (0F 28c. IN.	IURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW IN	NJURY OCCUREO			
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spe	and Number or Rure	er or Rural Route Number,						
COMPLETED	one) 2 MEDICAL EXAMINER	CIAN: To the best of my known: On the basis of examinates			death occured at the	time, data and place, an	d due to the cause			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	sefry	EATH (ITEM 27) (Type, Pa	int)	29c. LICENSE NU	8 N	P 7/3	EO (Mghth, Day, Year)		
	31. DATE FILED (Month, Day, Year) JUL 0 0 1990	Ma320000 AP	WANTED TO THE PARTY OF THE PART							

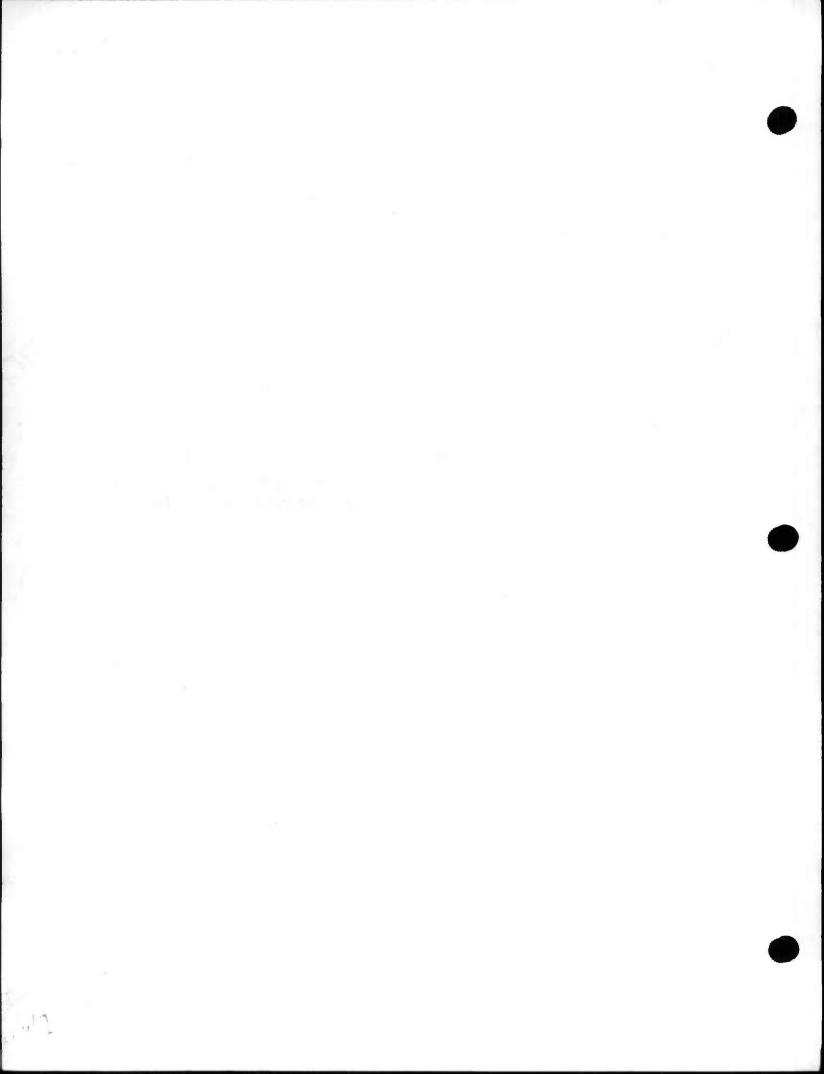


TO THE HOSP TO THE FUNEI DE filed within

gending physician.	In the burne transit permit. Pages 1, 2, 3 should		
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be set and the present by tendence of the set of	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 though by the attending physician and completely filled in by the funeral director, page 5 though by the second pag	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a green and item.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE REGISTRAR	ATE OF MARYL	AND / DEPAR				MENTAL	HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE	OF DEATH	YE		TIME OF DEATH	
ĺ	Edith M. Booth						07	05	199	0 '	9:30 A m	
	-10 10 5110	M 2 □ _X = 79	(In yrs. last birthday) YRS.		DAY\$	IF UNDER 24 HRS. HOURS MIN.		5 BIRTH 191	.0	'ountry's	CE (State or Foreign Virginia	
R	90. FACILITY NAME (If not institution, give street end Sinai Hospital	d number)				R LOCATION OF OE	ATH		9c. COUNTY OF DEATH City			
20	RESIDENCE OF DECEDENT											
DIRECTOR	Maryland City			Baltimore					10d. INSIC LIMIT 1 [X] YES			
FUNERAL	100. STREET AND NUMBER 2214 South Road		•	10f. ZIP CODE 21209					10g. CITIZEN OF WHAT COUNTRY? USA			
BY FUN	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced								be or No.— 14. RACE — American Indian, Black, White, atc. Specify: White			
marks o	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Colle	(Give kind of life. Do NOT u	ECEDENT'S USUAL OCCUPATION 3 No kind of work done during most of working a. Do NOT use retired.) Housekeeper				166. KIND OF BUSINESS/INDUSTRY Domestic					
	8 17. FATHER'S NAME (First, Middle, Last)		поц	sekeel	ber	16. MOTHER'S NAM						
CON	Unknown					Unknow		nodie, maideri S	urname)			
TO BE	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural R						
F.,		Duke Avnet 2214 South Road, Baltimore, MD 21209 METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of competer), cromatory or 200. LOCATION — City o										
	20e. METHOO OF OISPOSITION 1 Burlel 2 To Cremation 3 Removal fro 4 Donetion 5 Other (Specify)	om State	Metro Cr	emato1	ry	netery, crematory or			imore		State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Muchael P.	marce	Mo	Hel	brev	Memoria Reisterst	al Fu		-			
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. d.											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions con	tributing to death	but not resulting	in the unc	darlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
AN.	25. WAS CASE REFERRED TO MEDICAL				26 DI	ACE OF OEATH (Chi						
SICI	EXAMINER? HO:	SPITAL:	toetlent 3 DOA	OTHER	1:	e 5 🗆 Residence						
H.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TI		28c, INJ			CRIBE HOW II	JURY OCCUR	ED		
BY	1 Netural 5 Pending 2 Accident Investigation			М	1 🗆 1	res 2 🗌 ND						
	3 Suicide 8 Could not be determined	(Y At home, farm ecify)	, street, facto	ory, offic	•	28f. LOC City	ATION (Street e or Town, Stete)	nd Number or I	Rurel Flout	e Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN:									ause(a) ar	d menner aa stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Resident	Signi	Hose		29c. LICENSE NUM	MBER		29d. DATE SI	~/~	onth, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WHO CON					_			, (].	3/7	0	
	CRISTIMA DIA		SLAVA	1 HO	5P.							
	JUL 06 1990 Julia	02. REGISTRA VISIG	N. S.									



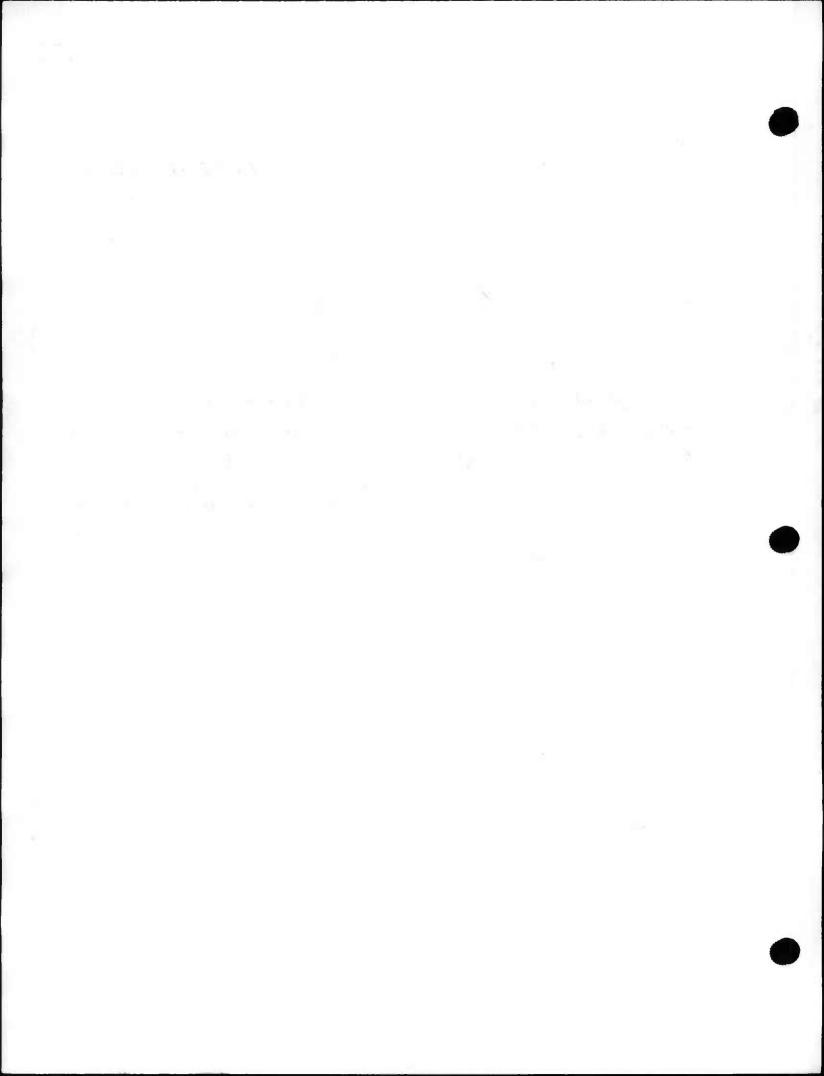
ut be notified at once.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death curricular by executed within	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hyperns prior to burns, creminal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it

TO BE

31. DATE FILED (Month, Day, Year)

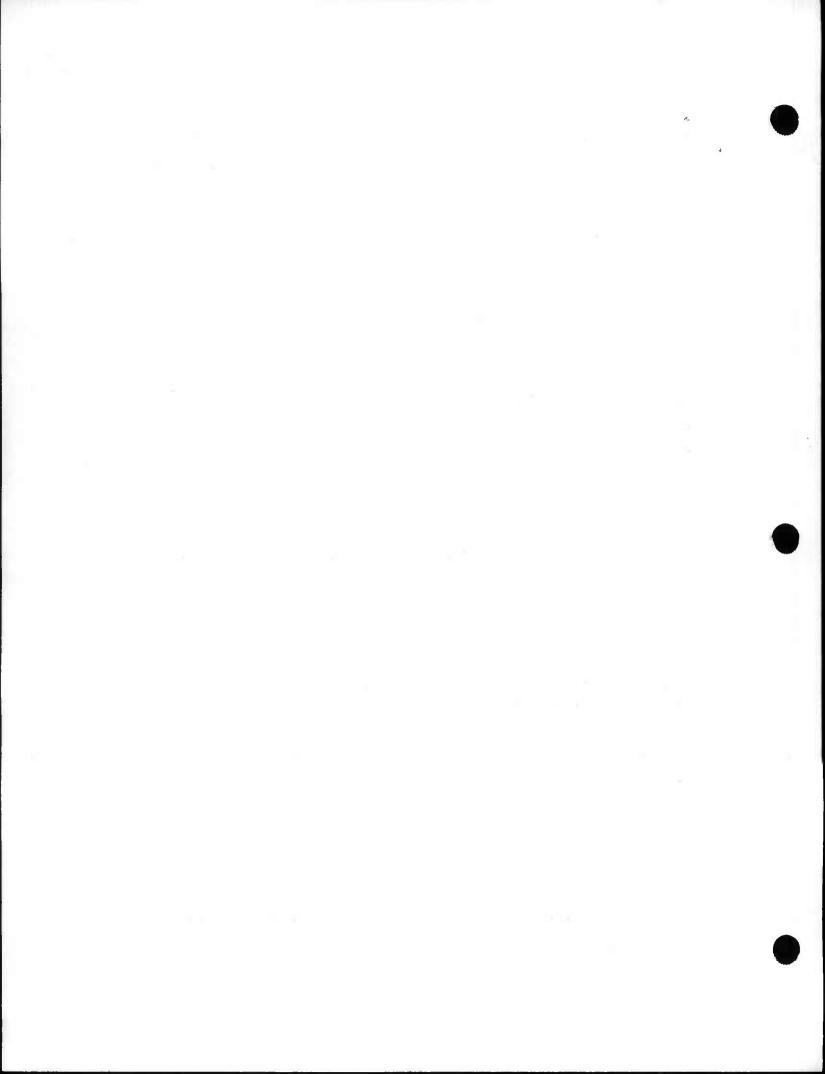
1												
	FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE		TMENT (MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH		YEAR 3.	TIME OF DEATH
	ROBERT, F	LOBERT, F BENDER 9/2/90								32/0 M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		E OF BIRTH	1		CE (State or Foreign
	216-16-3779	1 M 2 - F	68	YRS.	MONTHS E	DAYS	HOURS MIN.	(Mo	onth, Day, Year)	21	Country	ouland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY. T	OWN OR	LOCATION OF	DEATH	201		TY OF DEATI	1 y Iana
œ	SINAL HOSP. O		MORE		1		MORE			0		
6	RESIDENCE OF DECEDENT	4 0401	THURU		1 45		70 20				1//	
m	10e. STATE 10b. COUNTY	•		10c. CIT	Y, TOWN OR	LOCATIO	ON				100	I. INSIDE CITY LIMITS?
DIRECTOR	MD BAL	TIMORE			BAL	TIM	ORE				1.0	YES 2 NO
	10e. STREET AND NUMBER					10f. Z	ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?
FUNERAL	2500 W. BELL	EDERE	AVE .				21215			U.	SA	
3	11. MARITAL STATUS		TEVER IN U.S. ARN	MED					GIN? (Specify Yea	or No—		American Indien,
	1 Never Married 2 Married	FORCES?	YES 2 NO	0		yes, spec	NO Spec		to Ricen, atc.)		Black, Wi	hite, etc.
B	3 Widowed 4 Divorced	W					7.10	y.			WHIT	E
	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S	USUAL OCC	UPATION	of worldner	1	66. KIND OF BUS	INESS/IND	JSTRY	
틻	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT u	se retired.)	-	or working		**			
7		+2		UN	KNO	WM						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1					18. MOTHER'S N	AME (Firs	t, Middle, Maiden	Sumame)		
BE 0												
	19a., INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street and	d Number or Rurs	A Route No	umber, City or Town	, State, Zip	Code)	
임	Herman Paikov	VSKY	7.5	306	Lex	1041	ton La	, C	earin	ter,	F1.3	34624
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PLACE Cother place		AS CE	e of como	Garris	-	1 -	in 45	elty or Town, - Mil	LS. MD
	TI. SIGNATURE OF PUNERAL SERVICE LA	I M	armil	lo	22. N/	BARE AND	ADDRESS OF W	FACILITY MOTH	al Fun	gal 1	tone,	Inc 21308
Vgb	3. PART I. Enter the disesses, or	complications th	et causée the day	m/ D6	not enter th	he mod	a of dving, at	uch aa c	ardiac or respi	ratory arm		Approximate
	shock, or heert feilure.	List only one ca	usa on sech ilne.								,	interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	A APD	IOPULN	AON	JADV		EXALLAS	RE				Oliset and Death
	resulting in death)		OR AS A CONSEC			- 1	HILU					
			TORENA			200	ME					
CERTIFICATION	Sequentially list conditions,		OR AS A CONSEC									
A	If any, leading to immediate cause. Enter UNDERLYING		OTREXAT	-	,.	XE	D CI	ZRH	0515			į
윤	CAUSE (Diseese or injury that initiated events	C	OR AS A CONSEC				,					-
Ē	reauiting in death) LAST											
8		d										
_	PART ii. Other aignificant condition	ns contributing to	death but not re	eauiting	in the und	erlying	ceuse given	in Part i.				RE AUTOPSY FINDINGS
2									PERFOR		co	MPLETION OF CAUSE
			<u> </u>							2.0		DEATH? YES 2 NO
2												J.G
A	25. WAS CASE REFERRED TO MEDICAL	1				26. PLA	CE OF DEATH (Check onh	(one)		1	· -
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:		5 - Residence					-
¥	27. MANNER OF DEATH	26a, DATE C	-	28b. TII		28c. INJU		_	DESCRIBE HOW I	NJURY OCC	URED	
	1 Natural 5 Pending	(Month,	Day, Year)		JURY	WOR						
BY	2 Accident Investigation	28e. PLACE	OF INJURY — AI hor	me, farm				281.1	OCATION (Street :	nd Number	or Rumi Bout	Number.
E	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	.,		,,			City or Town, State)			
E	29a. CERTIFIER											
4	(Check only											
COMPLET	2 MEDICAL EXAMIN	ER: On the besie of	examination end/or i	rrvestigati	ion, in my opi	inion, de	ath occured at t	he time, c	late end place, an	d due to th	e ceuse(a) an	d manner as stated.



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours agent the required by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in USEG. As a page 5 should be detached for use as the burial-transit per find within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or reported.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical experience and item 28 is marked, or item 28 is marked
3146,	cuted within	d completel	tic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ate be exe	hysician an	r trauma
P.O. F	eath certific	attending p	y, or othe
RDS,	that the de	ed by the a	any injun
RECO	v requires	been signe	shows a
/ITAL	N: The law	ficate has	item 23
OF V	PHYSICIA	this certi	arked, or
ISION	TTENDING	STOR: After	28 is má
DIV	ITAL DR A	RAL DIREC	if item
	TO THE HOSP	TO THE FUNE!	IMPORTANT

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIL OF I					EALIH AN		MENIAL	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH			3. TIME OF DE	ATH
	Rita J. BRADLEY								JUIV		1990	YEAR	11:43	n #
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth	nday)	IF UNDER 1	YEAR	IF UNDER 24 H	IRS.	7. DATE O		1330	S. BIRTH	IPLACE (State or	Foreign
		1 🗆 M 2 💢 F	175	- "		_		IIN.	(Month,	Day, Year)	dip	Counti		
	9a. FACILITY NAME (If not institution, give str		13	-	at corry	MAL OR	LOCATION O	05.05	101	170	1 00 000	UNTY OF D	JZATAI	30.9
~	Foo KI F		11.0-		0	_	. \	OF DE	ein					- 1
<u>ē</u>	FRANKLIN SQUARE HOSTITAL MOSEOAL Baltimore										re			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		104	c. CITY	TOWN OR	LOCATIO	ON .	-					10d. INSIDE CI	TY
뜻	Marylan Bat	DO OR	as Packills									LIMITS?	d NO	
	10a. STREET AND NUMBER	1111011		1 1	11/1/	101.	ZIP CODE				10a. Cr	TIZEN OF V	WHAT COUNTRY	
FUNERAL		an R	- ^ ^			1 7	2120	1/2				12 5	Δ:	
쀨	11, MARITAL STATUS		T EVER IN U.S. ARMED	_	12 14	AS DECE	NDENT OF H	27	IC OBIGINS	(Facility V	na or No	U BAC	S - F). E — American In	dlan
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		lf :	yes, spec	olfy Cuban, M	laxican	i, Puarto Ri	can, atc.)	Pal Of 140—	Blac	k, While, etc.	Grant,
BY	3 Wildowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1 (YES 2	E NO S	Specify:	:			Spec	MY:	
	15. DECEDENT'S EDUC	00 00	16a, DECEDE	ENT'S L	JSUAL OCC	CUPATION	,		16b.	KINO OF BU	USINESS/IN	OUSTRY	5116	$\overline{}$
ËТ	(Specify only highest grade	completed)	(Give kin	nd of w	ork done du retired.)									
7	Elementary/Secondary (0-12)	College (1-4 or 5	" R		}									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11100	1	- 1	- 0		18, MOTHER	'C MAS	ME (Elent A4)	iddle Maide	a Sumamol			
	EBLUGG OK	HE. C	1.1				To a	- 6	011	ours, maios	V.	05	Vole	- 1
H	19a. INFORMANT'S NAME (Type/Print)	2/2/6		H 1140	ADDRESS /	(Dt	d Number or I	27	741	05	VOI	111	ファアス	
2		0.00	190. MA	ULING.	AUUHESS (Street and	Number or I	Murai H			wn, State, Z	ip Code)		- 1
		ROS			SAC	1	42 1	71	50VS					
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo	ival from State	20b. PLACE OF D other place)	HSPUS	ITION (Nam	e or ceme	stery, cremator	ry or	0 1	200	OCATION -	- City or Id	own, Stata	
4	4 Donation 5 Other (Specify)	cuese \	TARK	S	OOC		102	12	RY	116	AKVI	رالم	1 10	~
8	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N	-An	SCH		277 C	ことし	TENS	ORIL	S'	
	- Lines 42	verno /h				800		3F	080	ROP	10 - t	ARK	V:115	[
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, euch se cerdiec or respiratory arreat, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Anoxic Encephalopathy secondary to Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF):								Between					
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST		(OR AS A CONSEQUEN											
	PART il. Other eignificant condition	s contributing to	deeth but not resul	iting i	n the und	lertying	ceuse give	en In	Part i.	24a. WAS A	N AUTOPS	/ 24t	. WERE AUTOPSY	FINDINGS
CAL	Atrial Fibrillati	on, Cond	estive He	art	Fai	lure				PERFO	ORMED?		AWAILABLE PRIC	
	Diabetes, Hypothy		,000110 110	w.i. u		10110			_	1 YES	2/(_ NO		DF DEATH?	3 110
Σ	<u> </u>								_				1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					00 01 0	CE OF DEAT	u m.						
2	EXAMINER? V	HOSPITAL:			OTHER:					·				
PHYSICIAN: MED	27. MANNER OF DEATH	7	ER/Outpatient 3 🗆 C	_			5 Reside	ence				00/1050		
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF	Day, Year)	b. TIME	URY M	28c. INJU WOR 1 YI	HY AT IK? ES 2 N	10	26d. DES	CRIBE HOW	INJURY O	CCUREO		
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE (building	of INJURY — At home, to etc. (Specify)	tarm, s	treet, factor	ry, offica				TION (Stree or Town, Stat		er or Rural	Route Number,	
4	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best o	f my knowledge death o		d at the tim	no data a	and alone on	of due	to the cour	(a) and		Inted		
MP	CONTROL ONLY												a) and manner a	n stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as strong to the cause (a) and manner as strong to the cause (b) and manner as strong to the cause (c) and manner as strong to the caus														
B	296. SIGNATURE AND TITLE OF CERTIFIER	. MD					29c. LICENS	E NUN	ABER		29d, D/	7/3/	0 (Month, Day, Yei 190	nr)
5	V. Goslee, M.D	O COMPLETEO CAL	ISE OF OEATH (ITEM 27 9000			n Sq	. Dr.	, E	3alto	., Mo	d. 21	237		
	31. DATE FILED (Month, Day, Year)	32. REGISTR												-
	JUL6 = 1990	Spilia Daine	AR'S SIGNATURE										2000	



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH ATE OF DEAT		L HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	<u>C</u> .	BANKA	ARD JA	2. DATE MONT	OF DEATH DAY	1990	
	4. SOCIAL SECURITY NUMBER 218-36-1978	5. SEX 8. AGE	, , , , , , , , , , , , , , , , , , , ,	UNDER 1 YEAR IF UNDER ITHS DAYS HOURS		of Birth th, Day, Year)	Cou	RTHPLACE (State or Foreign Intry)
EC103	99. FACILITY NAME (If not institution, give	areet and number)	Ê	ALTIMORE			9c. COUNTY OF	OEATH
DIMEC	10a, STATE 10b, COUNT	Y	0	TIMBLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
UNEHAL	100. STREET AND NUMBER	BARD ST		101. ZIP CODE 212	31		USF	F WHAT COUNTRY?
DI TUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT O	n, Maxican, Puerto		Bi	ACE — American Indian, ack, White, atc.
LEIED	15. DECEDENT'S EDU (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use red	done during most of workin		b. KIND OF BUSIN	IESS/INDUSTRY	,
I DI	17. FATHER'S NAME (First, Middle, Lest)	0 - 40 -	Mechan	18. MOTH	HER'S NAME (First,	Middle, Meiden St	ent mame)	FORD
10 01	HIPHONSE (.) 198. INFORMANT'S NAME (Type/Print)	MANKARD	196. MAILING ADI	DRESS (Street and Number	or Rural Route Nun	nber, City or Town,	State, Zip Code)	21231
	PACARET DAN 20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetton 3 Rer 4 Donatton 5 Other (Specily)	20	b. PLACE OF DISPOSITION other place)	N (Name of cometery, crem	terns or	20c, LOCA	TION — City or	
	21. SIGNATURE OF FUNERAL SERVICE L	Theholo)	22. NAME AND ADDRESS EDWARD	SS OF FACILITY WEBER	F.H.	217	7.
		complicatione that cause . Liet only one cause on		enter the mode of dy	ing, such ae car	rdiac or reapire		Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. DUE TO (OR AS	A CONSEQUENCE OF):	Arryta	uni	a		Chronic
20	Sequentially list conditions, If any, leading to immediate							
HILLAHON	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
AL CEI	PART ii. Other significant condition	ons contributing to death	but not resulting in t	ha undarlying cause	given in Part i.	24a, WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 🗆 YES 2 [□ №	OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 □ NO	HOSPITAL: 1 Inpetient 2 ER/Out		THER:	NEATH (Check only o		L.	
	27. MANNER OF DEATH 15 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Nursing Home 5 DAR	28d. DI	EŞCRIBE HOW IN	JURY OCCURED	•
I ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUR	Y — At home, farm, streetectly)	et, factory, office		CATION (Street an y or Town, State)	d Number or Ru	ral Route Number,
COMPLEIED	CONSCR ONLY	SICIAN: To the best of my knowner:						se(a) and manner so stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER M	, 7	29c. LIC	ENSE NUMBER	2	29d. DATE SIGN	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	to. M.)_12	22	*/	-111
	31. DATE FILED (Month, Day, Year)	wha Davidson-Mar	NATURE.	4171		· - •		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE ()F MARYLAN			F HEALTH AND !	WENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	v vran	3. TIME OF DEATH
	Arthur Stev	wart	Brown			July 3	1990	м
- 1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 Y		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
ı	220-05-3861 1 2 M 2 C	94	YRS.	MONTHS D	AYS HOURS MIN.	June 28		144
	9a. FACILITY NAME (If not institution, give street and numb	ar)		9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY OF	
8	20 Warren Road			Co	ckeysville		Baltin	nore
ច្ឆ	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY
<u> </u>	Maryland Baltimore		Co	ckeys	ville			LIMITS?
ادّ	10s. STREET AND NUMBER			ckeys	10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
8	20 Warren Road				21030		US	Α .
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DEC	CEDENT EVER IN U.	S. ARMED		DECENDENT OF HISPAN			CE — American Indian, ck, White, alc.
<u>L</u>	IF YES.	? 1 X YES :			es, specify Cuban, Mexica YES 2 NO Specify			ocify:
À	3 Widowed 4 Divorced			1				White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	-16	Give kind of v life. Do NOT us	vork done duri	IPATION ng most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
וב	Elementary/Secondary (0-12) College (1-4	or 5+)		,		Lum	ban	
ğ	3rd 17. FATHER'S NAME (First, Middle, Last)		Labor	er	16 MOTHER'S NA	ME (First, Middle, Maiden		
	Issac Herman Brown					nce Cox	Containoy	
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number or Rural		n, State, Zip Code)	
임	Mrs. Jean B. Roberts		24 W	arren	Rd., Coc	kevsville,	Md. 210	30
	20a. METHOD OF DISPOSITION 1 DyBurial 2 Cremation 3 Removal from Str	20b. P			of cemetery, crematory or		CATION — City or	
	4 Donation 5 Other (Specify)	Dũ	laney		Memorial		imonium	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	IL NOS	anson	22. NA	ME AND ADDRESS OF FA MMON-Mitch	cium nell-Wiedef	ald	
	Mar	tin D. L	awson		monium, M			
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Final disease or condition resulting in death)	ne cause on eacl	h line.		IN SUR		iratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contribut	ng to death but	not resulting	-		PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	26. PLACE OF DEATH (C)			
ΙXS	I	nt 2 DER/Outpati	lent 3 DOA		g Home 5 - Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCUPED	
		Ionth, Day, Year)		JURY	WORK?	280. DESCRIBE HOW	INJUNT OCCURED	
В	2 Accident Investigation 3 Suicide 8 Could not be 28e. P.	LACE OF INJURY -	- At home, farm,			28f. LOCATION (Street	and Number or Run	Il Route Number,
뎶	4 Homicide 8 Could not be	uliding, etc. (Specify)			City or Town, State)	
City or Town, State) 29a. CERTIFIER (Check only orne) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (a) and manner as stated.								e(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	4.2	29d. DATE SIGN	ED (Month, Day, Year)
70	1 aum				0143	18	//3	170
	Robert W. Lisle, M.D		H (ITEM 27) (Type		W. Timon	ium Rd., S	Suite 10	5, Timonium
	31. DATE FILED (Month, Day, Nam)	to design	URE"					Md. 21093

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F. C. BOA 13140	w requires that the death certificate be executed within 24
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2	PHYSICIAN:
DIVISION OF VITAL DECORDS, F	PITAL OR ATTENDING PHYSICIAN: The
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	PITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oppt, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAR		ENT OF HEALTH AND NATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Astra Kay Brown			2. DATE OF DEATH MONTH 07 04 90	YEAR 3. TIME OF DEATH			
		GE (In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)			
TOR	96. FACILITY NAME (If not institution, give street and number) 349 Elino Street RESIDENCE OF DECEDENT	96.	CITY, TOWN OR LOCATION OF DE Baltimore (i					
DIRECTOR	10s. STATE 10b. COUNTY		own or Location Ltimore	10d. INSIDE CITY LIMITS? 1 _ YES 2 _ ND				
FUNERAL	100. STREET AND NUMBER 349 Elrino Street	-	101. ZIP CODE 2/224	10g. CITIZEN OF WHAT COUNTRY?				
≽	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR CO	ES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxicar 1 ☐ YES 2 ☑ NO Specify	n, Pusrto Ricsn, etc.)	14. RACE — American Indian, Black, Whits, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work title. Do NOT use ret	done during most of working tired.)	DUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last) ORVILLE E. Webb	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18. MOTHER'S NAI	At Home HER'S NAME (First, Middle, Melden Sumerne) The Mae Parsons				
TO E	19s. INFORMANT'S NAME (Type/Print) James Webb	349 Elr	ino St. Balto:	Md. 21224				
	20s. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗀 Ramoval from State 4 🗆 Donation 5 🗀 Other (Specify)	Bellonte	Nemorial Garde 22. NAME AND ADDRESS OF FAM	77 4	City or Town, Stats As, Kyo			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	De .		ler & Son Inc.	6224 Eastern Ave.			
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		Care	and certain or respiratory and	reat, Approximate interval Between Oneet and Death			
Ä	PART II. Other aignificant conditions contributing to date	th but not reculting in t	ha underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 100	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 En 27. MANNER OF DEATH 1 Netural 5 Pending	/Outpatient 3 DOA 4 (WORK?		CCURED			
TED BY	2 Accident Investigation	JURY — At home, fsrm, stree (Specify)	M 1 — YES 2 ANO	281. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On this besis of sxemi							
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF			>	TE SIGNED (Month, Day, Year)			
	31. DATE FILED (Month, Day, ber) Julia Disymptor HAPP.	SIGNATURE	S HOPKIN	5 600 A	BALT- M			

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executed with law requires that the death certificate be PHYSICIAN: The DIVISION OR ATTENDING HOSPITAL

Pages 1, 2, 3 should

permit.

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the funeral director, page 5 should be detached

after death.

completely filled in by the ial, cremation, or removal.

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IMPORTANT:

prior to burial,

attending physician and intal Hygiene prior to bur-

n signed by the attent Health and Mental

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r this certificate has bee h with the State Dept. o arked, or item 23 sh

After

DIRECTOR: 1

FUNERAL Within 72 h

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2 2 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Willis Charles Beard June 30, 190 10:25am M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) S. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 73 213-03-2601 1 M 2 | F YRS. Nov. 12 1916 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6712 Roberts Dundalk Baltimore Ave 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Dundalk BAltimore Md. 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21222 USA 6712 Roberts Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yee, specify Cuben, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White ETED. 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondery (0-12) College (1-4 or 5 +) COMPL Claims Adjustor 10th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Willis Chandler Beard 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code)
6710 Roberts Ave. BAltimore Maryland 21222 2 Pat Beard 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Removal from State East New Market Cemetery East New Market MAryland 4 Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300MAceAve. 21221 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure. List only one cause on sech line. intarvai Betwee Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition • ADENOCARCINOMA OF COLON S/P RESECTION 1985 reauiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? Arteriosclerotic Cardiovascualr Disease 1 TYES 2 NO History of M.I. 1 TYES 2 NO PHYSICIAN: Non-Insulin dependent Diabetes Mellitus 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending investigation 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner se stated. 294-SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Maelhana 14852 7-2-90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print, VADHANA C. CLAUD, M.D. 9600 North Point Road Fort Howard, MD 21052 ASS. REGISTRANDS SIGNATURE 31. DATE FILED (Month, Day, Year)

0 6 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we'nn 24-frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

REGISTRAR		CERTIFIC	ATE (OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	A. B.	lake/4			2, DATE	OF DEATH	-98	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER . 427-12-5940			UNDER 1 YE	AR IF UNDER 24 HRS. YS HOURS MIN.	(Month	OF BIRTH , Day, Year)		Country	,
9s. FACILITY NAME (If not institution, give :	- 22		OUTY TO	WN OR LOCATION OF DI		12/19			souri
Prince Geor				everly	EATH		P. C		AIH
RESIDENCE OF DECEDENT									
Md •	P.G.	10c. city, t		Oaks					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10% STREET AND NUMBER 5123 Duel	Pl.	-		10f. ZIP CODE 20743				S.Z	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 QNO	If ye	DECENDENT OF HISPAI s, specify Cuban, Mexics	en, Puerto F		or No— 1		— American Indian, , White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	PATES **	1 0	YES 2 NO Specif	y:			Specifi	lack
15. DECEDENT'S EDU (Specify only highest grade	e completed)	16e. DECEDENT'S US (Give kind of work	UAL OCCU k done durin	PATION og most of working	16b.	KIND OF BUS	INESS/INDU	ISTRY	
Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Homema				Own 1	Home		
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, A	Aiddle, Maiden !	Surname)	_	
	ul Butler			100000		Brown			
19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural		oer, City or Town	, State, Zip C	Code)	
Arthur J. Bla				s # 10 ab	ove				
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novel from Cinto	other place) incoln M		of cemetery, cremetory or Cem. 7/7	7/90		itlar		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H. S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.									
23. PART I. Enter the diseases, or	complications that cause	d the death. Do not							Approximete
ahock, or heert fellure. iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	ahock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition Display Technology (Fine)								
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):							
PART il. Other algnificent condition	na contributing to deeth	but not resulting in	the unde	rlying ceuse given in	Pert i.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					_	1 TYES 2			COMPLETION OF CAUSE OF DEATH?
					— 1				1 YES 2 NO
25. WAS CASE BEFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only or	16)			
EXAMINER?	HOSPITAL:		THER:	Home 5 - Residence					
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		OF 26	c. INJURY AT WORK?		SCRIBE HOW I	NJURY OCCI	UREO	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida detarmined	26s PLACE OF INJUR	Y — At home, farm, stre			26f. LOC City	ATION (Street or Town, State)	and Number o	or Rural F	loute Number,
(direction)	SICIAN: To the best of my kno	wledge, death occurred	at the time	, data and place, and du	a to the car	use(s) and mer	ner as state	ed.	
	IER: On the basis of examinati	on and/or investigation,	In my opin			end place, an			
29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE AND ADDRESS OF PERSON W	Myug M	<i>O</i>		29c. LICENSE NU DO12	70		1	27	(Month, Day, Year)
AudusTDP. Rodr	1 Due 2 MD.	SUPPRA		mCt. Cp.	Sp	. Nes	120	74	8
JUL 06 1990	hia this transfer	AADNO /			V				

death certificate be executed within law requires that the ATTENDING PHYSICIAN: The DR HOSPITAL

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tely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 should mation, or removal,	1, the medical examiner must be notified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prife	MPORTANT; if Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must b

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JULY 3 1990 Isabella P. Brennan 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH OCT. 6. 1906 5. SEX S. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Maryland DAYS HOURS 212-03-7404 83 1 M 2 K F 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 2302 Bauernschmidt Drive BAltimore Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Baltimore Md. 1 TES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21221 USA 2302 Bauernschmidt Drive 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TYES 2 NO Specify Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) 8th Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) John J. White Bridget Patterson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 2302 Bauernschmidt Drive Baltimore MAryland 21221 J.Patrick Brennan Jr. 20s. METHOD OF DISPOSITION

1 Seuriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Baltimore MAryland Holy Redeemer Cemetery 22. NAME AND AODRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Connelly Funeral Home 300MAceAve. 21221 onne 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiac or respiratory errest, shock, or heart failure. Liet only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Finsi disease or condition motastates Caner - PROB. GMUS reculting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Diseeee or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COPD COMPLETION OF CAUSE 1 TES 2 -NO OF DEATH? CH 1 YES 2 PHO ATRIAL FIBRICATION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA OTHER: 1 | YES 2 | NO 4 - Nursing Home 5 - Healdence 3 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide S Could not be 0 4 Homicide COMPLET 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) end manner as stated.

William E. Kandell In D15808 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore Maryland

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

Road York

Julia Javidson-Mandal 31. DATE FILEO (Month, Day, Year) 06 1990

29b. SIGNATURE AND TITLE OF CERTIFIER

1205

29d. DATE SIGNED (Month, Day, Year)

7-5-90

Lennan Jr.

2302 Bauernschmidt Drive Baltimore MAry

Holy Redeemer Cemetery

Baltimo

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or ren	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medi-
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH William BUDNY 1990 June 30. 10:00 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Feb. 13 1920 DAYS HOURS Maryland 1 🐼 M 2 🗌 F 218-07-2687 YRS. 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Rossville DIRECTOR Franklin Square Hospital Baltimore County RESIDENCE OF DECEDENT IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Edgemere Md. 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21219 USA 2810 12th Street 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 18b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade of Elementary/Secondary (0-12) College (1-4 or 5+) Self-employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sophia Maslowska Joseph Budny 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 21219 2810 12th Street Edgemere MAryland Maria DeCarlo 9 20s. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must St. Stanislaus Cemetery MAryland BAltimore examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 21222 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ae cardiac or reepiretory arrest, shock, or heert failure. List only one ceuse on each line. 23, PART I. Enter the disease Approximate Interval Betwe Onset and Deeth IMMEDIATE CAUSE (Final the diseese or condition_ Carcinoma of the Penis resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION equentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other eignificant conditions contributing to death but not recuiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24h WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO COMPLETION OF CAUSE Perineal Abscess shows any 1 TES 2 KNO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 S 25 WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item EXAMINER? V V HOSPITAL:
1 (X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: ng Home 5 🗆 Residence 8 🗀 Other (Specify) 4 🗆 Nursi 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 XXNatural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED after 28 4 Homicide Tem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. ation end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE N/A June 30, 1990 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Marcus Wolff, M.D. 9000 Franklin Square Drive Baltimore Maryland 21237

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

06 1990

2 12 17

ND 21203-3146

BALTIMORE

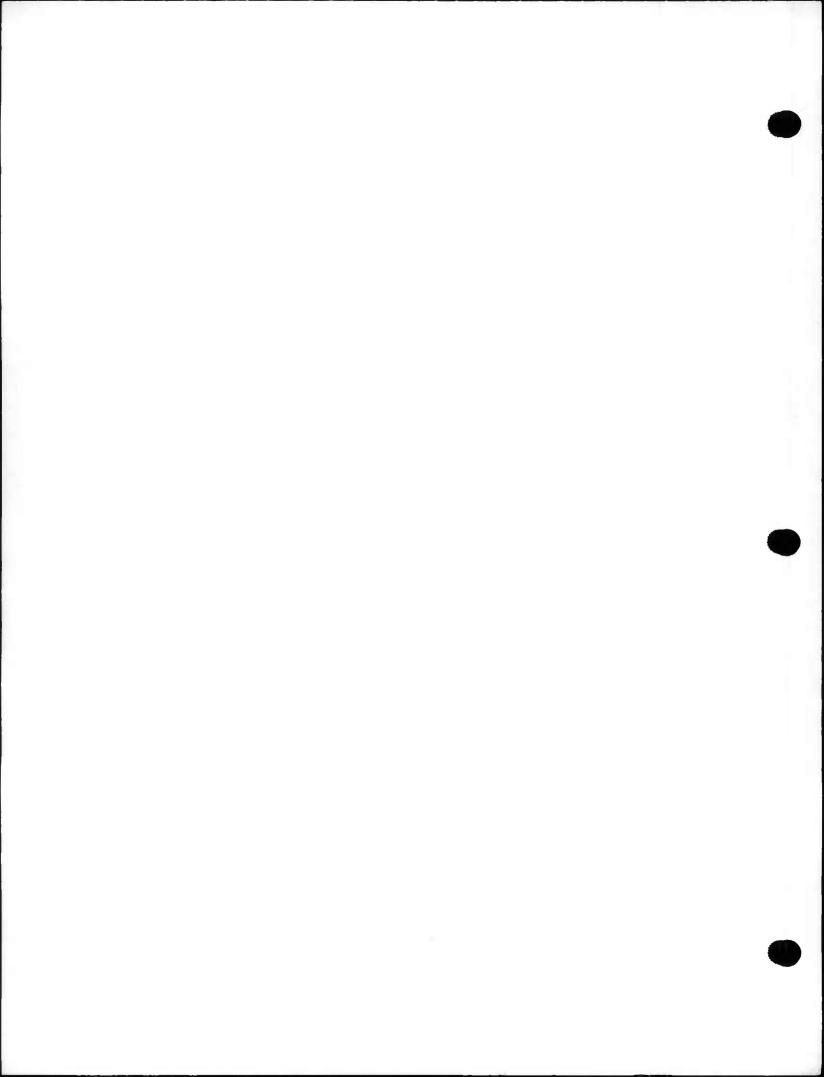
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wours after death. Page 6 mm, NT THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	LITTIN IC	AIL C	F DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last	4)		·			MONT	OF DEATH	r	YEAR :	3. TIME OF DEATH		
KATHERIN	ER	£R			JULY	JULY 3, 1990			9:00 P. M			
4. SOCIAL SECURITY NUMBER		AGE (In yrs. le:		UNDER 1 YEA		7. DATE (Monti	OF BIRTH h, Day, Year)	1	Country)	LACE (State or Foreign		
218-12-6520	1 M 2 X F	65	YRS.	The Lat	NOONS MIN.	SEPT	1. 10,19	24	MAF	RYLAND		
9e. FACILITY NAME (If not institution, give			9	b. CITY, TOV	VN OR LOCATION OF D	EATH		9c. COUNT	TY OF DE	ATH		
1317 MIDDLEFORD				BALTI	MORE			BA	LTIM	IORE		
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN			Lie armi									
	106. STATE 106. COUNTY 106. CITY, TOWN OR I MARYLAND HOWARD ELLICOTT									10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	HOWARD		ELL	ICOII								
10e, STREET AND NUMBER 8371 B. MONTGOM 11. MARITAL STATUS 1 Never Merried 2 Merried	ADDIA DINA DO	4.70			10f. ZIP CODE					AT COUNTRY?		
8371 B. MONTGOM		AD		, ,	21043				J.S			
11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	YER IN U.S. AF	2 V NO		 WAS DECENDENT OF HISPANIC ORIGINAL PROPERTY OF THE PROPERTY OF TH				 RACE — American Indien, Black, White, etc. 			
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES TO			YES 2 NO Spec				Specify	WHITE		
	- I	40. 04					1511 OF B116			WIIII		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)		(6	ECEDENT'S US Sive kind of wor n. Do NOT use i	k done during	most of working	160	. KIND OF BUS	INESS/INDU	ISTRY			
Elementary/Secondary (0-12)	HOMEMAKER				OWN HOME							
		I III	OFIETIAN	L K								
17. FATHER'S NAME (First, Middle, Last)	a E D			16. MOTHER'S NAME (First, Middle, Maiden Sumeme)								
	ALBERT KRONEBERGER				ANNA DEE							
196. INFORMANT S NAME (Typerfill)					DRE88 (Street end Number or Rural Route Number, City or Town, State, Zip Code)							
CLARENCE JOHNSO	N		1317 M	IDDLE	FORD ROAD	, BALT	IMORE,	MARY	LANI	21228		
20e, METHOD OF DISPOSITION		ACE OF DISPOSITION (Name of cometery, crematory or or place)				20c. LOCATION — City or Town, State						
4 Donation 5 Other (Specify)	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)			CRESTLAWN CEMETERY			MARRIOTTSVILLE, MD.					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAM	E AND ADDRESS OF F	ACILITY	TCT	エマクドエ	אווים י	ERAL HOMES		
Mindo MI	1706.									E, MD.21228		
23: PARY I. Enter the diseases, of	or complications that or	used the d	eath Do not							Approximata		
shock, or heart fellur	re. List only one cause	on aach lin	e		A contract of a	orr au our	und or reap	atory arre	, ore,	Interval Batween		
IMMEDIATE CAUSE (Finel disease or condition	M		. 1	ζ	- (- 0	2-1-1			Onset and Death		
resulting in death)	· ILIA	STAT	10 1	ポモA	121 01	FRU	NOMA					
	DUE TO (OR	AS A CONSE	EOUENCE OF):									
Sequentially list conditions,	b											
if any, leading to immediate	DUE TO (OH	AS A CONSE	EOUENCE OF):									
cause. Enter UNDERLYING CAUSE (Disease or Injury	C	40 4 00000	OUENOE OF							+		
III AMAGE INIBERBE OF HIRLIN	DUE TO COM	AS A CONSE	OUENCE OF):									
that initiated events	DUE TO (OR									1		
that initiated events resulting in death) LAST	DUE TO (OR											
	d	eth but not	reaulting in	the under	lying cause given i	n Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS		
	d	eth but not	reaulting in	the under	lying cause given i	n Part I.	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	d	eth but not	reaulting in	the under	lying cause given i	n Part I.		MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent condit	d	eth but not	reaulting in	the under	lying cause given i	n Part I.	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PART II. Other significent condit	dtlona contributing to da	eth but not	reaulting in				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent condit	dtlona contributing to da	eth but not		- 2	lying cause given i		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent condit	d	N/Outpatient		2 OTHER:		Check only o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 RO 27. MANNER OF DEATH	d. tiona contributing to dad	VOutpetient		DTHER: Nursing OF 286	8. PLACE OF DEATH (C	Check only o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
that initiated events resulting in death) LAST PART II. Other significent conditions are conditionally as a second condition of the conditional condi	d. HOSPITAL: 1 Inpatient 2 EF 28e. DATE OF INJ (Month, Day, 1)	VOutpetient	3 DOA 4	OTHER: Nursing OF 286	e. PLACE OF DEATH (C	Check only o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 EP 28e. DATE OF INJ (Month, Day, 1) be 28e. PLACE OF INJ building, etc.	NOutpetient IURY Hear)	3 DOA 4	DTHER: Nursing OF 28c	8. PLACE OF DEATH (C Home 5-Residence : INJURY AT WORK? YES 2 NO	Check only o	PERFOR	NJURY OCC	URED	AWALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER (Month, Day, 1) 28e. PLACE OF IN be	NOutpatient IURY Hear) JURY — At h	3 DOA 4	DTHER: Nursing OF 28c YY M 1	Home 5- Residence: NOUNCY AT WORK? YES 2 NO	Check only o	PERFOR 1 YES 2 er (Specify) escribe HOW I	MED?	or Aural Au	AWALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YE8 2 NO		
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not 4 Homicide determined	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	NOutpatient IURY IVear) JURY — At h (Specify) knowledge, c	3 DOA 4 28b. TIME INJUI	20THER: Nursing Nursing P 28c PY M 1 aeet, factory,	Home 5-E Residence INJURY AT WORK? YES 2 NO office dete end place, end doon, death occured at the	Sheck only of a State of City of the City	PERFOR 1 YES 2 er (Specify) es (Specify) es CATION (Street or Rown, State)	MED? NO NJURY OCC and Number	or Rural Rur	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Dute Number, end manner ee stated.		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not 1 determined 4 Homicide determined	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	NOutpatient IURY IVear) JURY — At h (Specify) knowledge, c	3 DOA 4 28b. TIME INJUI	20THER: Nursing Nursing P 28c PY M 1 aeet, factory,	Home 5 Residence: NUNURY AT WORK? YES 2 NO office	Sheck only of a State of City of the City	PERFOR 1 YES 2 er (Specify) es (Specify) es CATION (Street or Rown, State)	MED? NO NJURY OCC and Number	or Rural Rur	AWALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YEA 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 nestigatio 3 Suicide 8 Could not 1 4 Homicide determined 21. CERTIFIER Creeck only 0 medical Example 1	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF INJ be did 28e. PLACE OF INJ UNITED 28e. PLACE	NOutpetient IURY Year) NURY — At h (Specify) knowledge, c	3 DOA 28b. TIME INJUI	DT#1ER: Nursing OF 28c Ny M 1 seet, factory, at the time, In my opini	S. PLACE OF DEATH (C Home 5 Residence : INJURY AT WORK?	Sheck only of a State of City of the City	PERFOR 1 YES 2 er (Specify) es (Specify) es CATION (Street or Rown, State)	MED? NO NJURY OCC and Number	or Rural Rur	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Dute Number, end manner ee stated.		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not 4 Homicide determined 216. CERTIFIER CONC. Only 2 MEDICAL EXAMINER. 216. SIGNATURE AND CITAL OF CENTER 216. SIGNATURE AND CITAL OF CENTER 30. NAME AND ADDRESS OF PERSON	HOSPITAL: 1 Inpetient 2 ER 28e. DATE OF INJ (Month, Dey. 1) 28e. PLACE OF INDUINGING, etc. 4 WHO COMPLETED CAUSE (NOutpatient IURY Vear) HJURY — At h (Specify) knowledge, c	3 DOA 28b. TIME INJUI	DTHER: Nursing 28c	Home 5 Residence: NUMBY AT WORK? YES 2 NO office date end piece, end doon, death occured at ti	Sheck only of a 8 Oth 28d. DE 28t. LO C/h	PERFOR 1 YES 2 er (Specify) es (Specify) CATION (Street or Town, State) suse(e) end ma	NJURY OCC	or Rural Rued. e cause(e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YEA 2 NO Dute Number, end manner ee stated. (Mpnth, Dey, Year)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not 1 determined 4 Homicide determined 216. CERTIFIER CROCK ONLY 2 MEDICAL EXAMINER 216. SIGNATURE AND CITLA OF CERTIFIER 217. SIGNATURE AND CITLA OF CERTIFIER 218. SIGNATURE AND CITLA OF CERTIFIER 219. SIGNATURE AND CITLA OF CERTIFIER 210. NAME AND ADDRESS OF PERSON DIANA GRIFFITHS	HOSPITAL: 1 Inpatient 2 EP 28e. DATE OF IND WHO COMPLETED CHUSE (S M. D.	A/Outpatient JURY Year) JURY — At h (Specify) knowledge, c ination end/of	3 DOA 28b. TIME INJUITED IN THE INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJ	DTHER: Nursing 28c	S. PLACE OF DEATH (C Home 5 Residence : INJURY AT WORK?	Sheck only of a 8 Oth 28d. DE 28t. LO C/h	PERFOR 1 YES 2 er (Specify) es (Specify) CATION (Street or Town, State) suse(e) end ma	NJURY OCC	or Rural Rued. e cause(e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YEA 2 NO Dute Number, end manner ee stated. (Mpnth, Dey, Year)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not 1 4 Homicide determined 21. CERTIFIER DESTRIPTING PHORES OF PERSON DIANA GRIFFITHS 31. DATE FILED (Month, Day, Ver)	HOSPITAL: 1 Inpetient 2 ER 28e. DATE OF INJ (Month, Dey. 1) 28e. PLACE OF INDUINGING, etc. 4 WHO COMPLETED CAUSE (A/Outpatient JURY Year) JURY — At h (Specify) knowledge, c ination end/of	3 DOA 28b. TIME INJUITED IN THE INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJUITED INJ	DTHER: Nursing 28c	Home 5 Residence: NUMBY AT WORK? YES 2 NO office date end piece, end doon, death occured at ti	Sheck only of a 8 Oth 28d. DE 28t. LO C/h	PERFOR 1 YES 2 er (Specify) es (Specify) CATION (Street or Town, State) suse(e) end ma	NJURY OCC	or Rural Rued. e cause(e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YEA 2 NO Dute Number, end manner ee stated. (Mpnth, Dey, Year)		

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DHMH-18 Rev 1/89



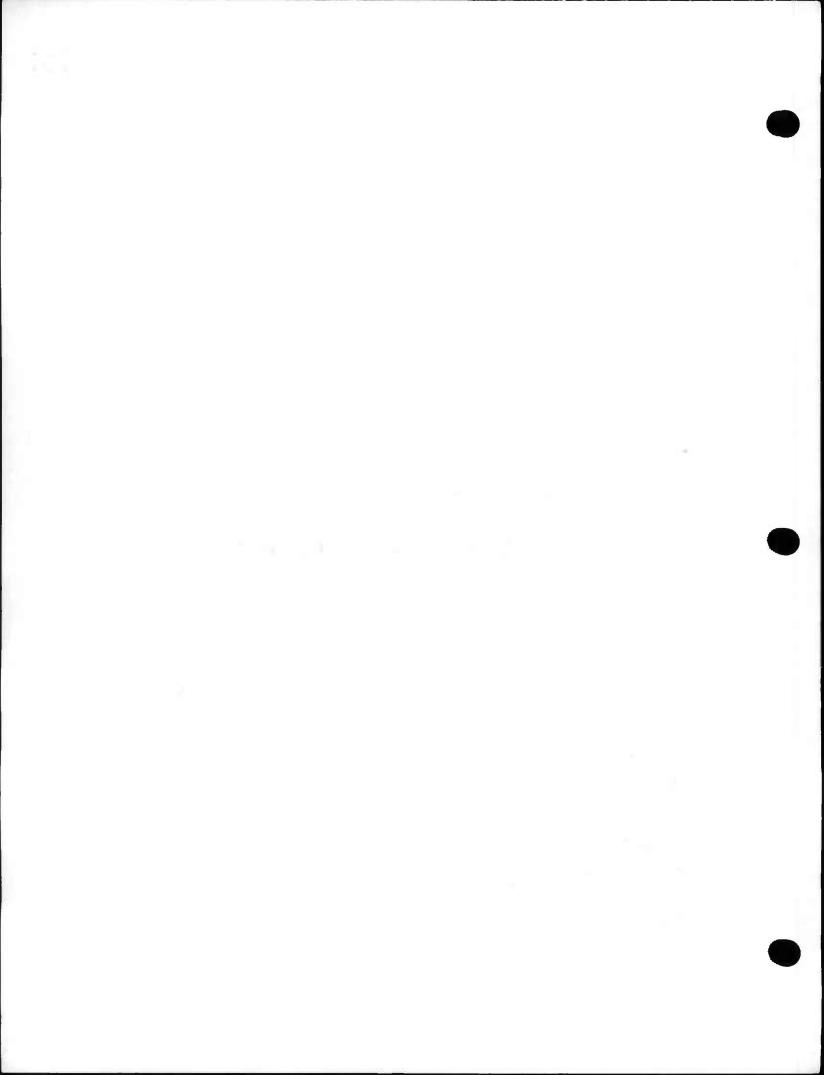
AND 21203-3146

BALTIMORE

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

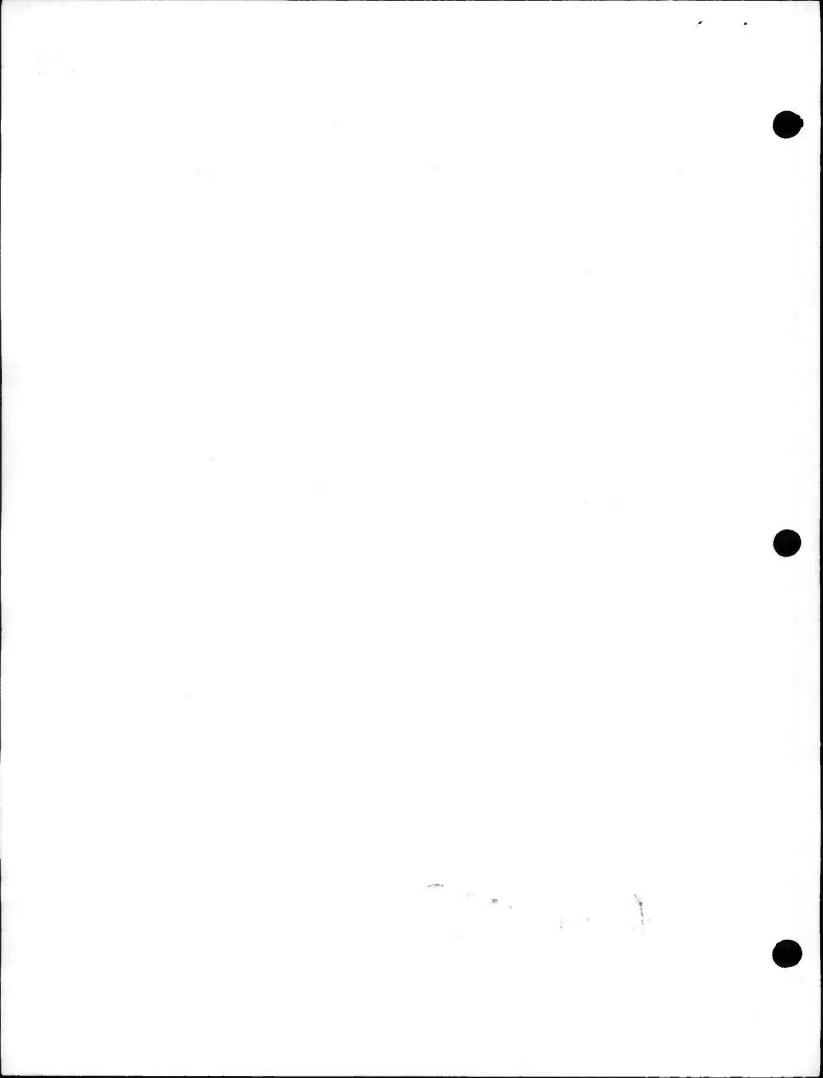
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT (F HEALTH	AND M	ENTAL HYGIEN REG. NO.	E			
,	DECEDENT'S NAME (First, Middle, Last)	FRONA W	. BROWN				2. DATE OF DEATH MONTH JULY 5, I	990	EAR 1	TIME OF DEATH 2:25A. M	
		SEX 6. AGE	(In yrs. lest birthday) YRS.	MONTHS C	EAR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 15,1	898	BIRTHPLA Country) MICH	CE (State or Foreign	
N.	9a. FACILITY NAME (If not institution, give stree LORIEN NURSING HOL				OWN OR LOCATI	ON OF DEA		9c. COUNTY HOWA	OF DEAT		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY									10d. INSIDE CITY	
DIRECTOR	MICHIGAN SH	IAWASSEE	1	r, town or URAND					X,	YES 2 NO	
FUNERAL	708 FITZGERALD	STREET			101. ZIP COD 4842				S.A.	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO		an, Maxican	C ORIGIN? (Specify Yea , Puarto Rican, atc.)	or No—	RACE Bleck, W Specify:	American Indian, hita, atc. WHITE		
COMPLETED	(Specify only highest grade co	ITOMEMAIZED					CCUPATION during most of working OWN HOME				
BE CON	17. FATHER'S NAME (First, Middle, Last) HENRY KNAUF	E	LIZA		CH						
10	19a, INFORMANT'S NAME (Type/Print) DOUGLAS BROWN						OUTO Number, City or Tow ROAD, COLUM			21045	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	Will 2 □ Cremation 3 □ Ramoval from Stata FOR STEW CEMETE						NDEN,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M. & RUSSELL C. W 5555 TWIN KNOLLS ROAD, C										
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreet, shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent conditione	given in	Part I. 24a. WAS AN PERFO	RMED?	AN CC Of	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO					
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	I CORPITAL			26. PLACE OF	OEATH (Che	ck only one)				
PHYSIC		HOSPITAL: I Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIN	_	8c. INJURY AT WORK?		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	REO		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	29a. PLACE OF INJU	RY — At home, farm, pecify)		1 YES 2	□ NO	281. LOCATION (Street City or Town, State	and Number or	Rural Rou	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:									nd menner as stated.	
BE	29 SIGNATURE AND TITLE OF CERTIFIER YOUNG BUILDING	MAD			29c. Lle	CENSE NUM	IBER 26	29d. DATE	SIGNED (M	fonth, Dey, Year)	
10	FRANCIS BRUM	OM OV	Medic	al A	ets B	aild	· Colui	nbia	, т	P.21044	
	JUL 0 6 1990	Javidson									

DHMH-16 Rev 1/89



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26	pe		at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		STATE OF M			TMENT OF H	EALTH AND I		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)	6	1.0	1/1	AGGIE B	IDGELL	2. DATE OF MONTH	DEATH DAY	γ	YEAR	3. TIME OF DEATH
	Ma	8.61	e 1	<u> 5106</u>	<u>e11</u>			6	25	>	90	IPM "
	4. SOCIAL SECURITY NUMB	TALL	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De			8. BIRTH	IPLACE (State or Foreign y)
	245 16 7805		1 🗌 M 2 💢 F	72	YRS.	MONTHS DATS	Jan 5		L8		h Carolina	
	9a. FACILITY NAME (If not in	stitution, give st	1 11			9b. CITY, TOWN C	R LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH
O	SOUTHERN	MARY	MANO HO	28P174		C	114701	Y		RU	NCG	760K968
[[RESIDENCE OF DEC	10b, COUNTY	,		10c, CIT	Y, TOWN OR LOCAT	TON					10d. INSIDE CITY
DIRECTOR	Maryland	Princ	e George	9.5	For	cestville	2					LIMITS?
	10e. STREET AND NUMBER	11111	,0 000160		1 101		. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	2100 Brooks Drive						20747			UNTT	red s	STATES
ž	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI				RMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (S	Specify Yee		14. RACE	- American Indian.
	1 Never Merried 2 🔀		FORCES? 1	MAR OR DATES	NO	if yes, sp	the state of the s			Spec	k, White, etc.	
BY	3 Wildowed 4 Divorced										B1	ack
		EDENT'S EDU		15e. Di	ECEDENT'S	USUAL OCCUPATION	ON st of working	18b. Kii	ND OF BUS	INESS/INI	DUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)				Give kind of work done during most of working e. Do NOT use retired.)				T * * * * * * * * * * * * * * * * * * *	11014	· -	
COMPLETED					DMEST	'IC HOMEM	18. MOTHER'S NA		IVATE		Ŀ	
	17. FATHER'S NAME (First, M	iddie, Last)						ME (First, Midd	die, Maiden i	Surname)		
띪	UNK 196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	JOYCE JONES (DAUGHTER) 2100 Brooks Drive #707, Forestville,MD 20747											
	20e. METHOD OF DISPOSIT 1 Buriel 2 □ Crematio 4 □ Donetion 5 □ Other		73/90 State	other p	iace)		netery, crematory or NAL CEME	ΓERY				ARYLAND
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	Ω			ANDED C		וקוזאוזקו	O A T 1	HOME	
	Men	S,	Repl.	X	M85		ANDER S. Pennsyl					OC 20020
	23. PART i. Enter the d											Approximate
	shock, or h IMMEDIATE CAUSE (Fir disesse or condition resulting in deeth)		List only one car	errol)	Tron	lung	,		,		interval Between Oneet and Deeth
_	resulting in deeth)	· _	DUE TO (OR AS A CONSEQUENCE OF): Depletes Wellites Type II									
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate											
S	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	c	Elle	ochur -							
	that initieted evente resulting in desth) LAS		DUE TO	(OR AS A CONSE	OUENCE C)F):						
H	resulting in destin) LAS	" (d	elen	سب	~ 1						-
PHYSICIAN: MEDICAL C	PART II. Other eignifics	condition	ne contributing to	deeth but not	resulting	in the underlyin	g csuse given in		PERFOR	MED?	241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
X										`		1 TYES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL	Γ			28 P	LACE OF DEATH (Ch	eck anhy one)				
2	EXAMINER?	O MEDIONE	HOSPITAL:	☐ ER/Outpatient	2 🗆 DO4	OTHER:			D===#4			
λ	27. MANNER OF DEATH		28a. DATE O		28b. TII		JURY AT	28d. DESCR		NJURY OC	CURED	
ВУ РІ	77	Pending Investigation	(Month, i	Day, Year)	IN	JURY W	ORK? YES 2 NO					
	2 Accident Investigation 3 Suicide s Could not be determined limited 28e. PLACE OF INJURY — At he building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)				Route Number,
4 Homicide determined 29e. CERTIFIER (Check only (Che												
MPLET	(Check only	determined	ICIAN: To the best of									a) and manner as stated.
BE COMPLET	(Check only	TIFYING PHYS	ICIAN: To the best of					time, date en		d due to t	the cause(O (Month, Day, Year)
	(Check only one) 2 MED	TIFYING PHYS HICAL EXAMINE OF CERTIFIE	ICIAN: To the best of	axamination end/or	rinvestigati	ion, in my opinion,	death occured at the	time, date en	nd place, en	29d. DA	TE SIGNE	



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nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

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	FOR STATE REGISTRAR	STATE OF N			TMENT OF I		D MEN	TAL HYGI				
	1. OECEDENT'S NAME (First, Middle, Last)							ATE OF OEATH	DAY	YEAR	3. TIME OF OE	ATH
	James		B	ARTO	V		ปูนา	y 3.		90	7:06	Ам
	4. SOCIAL SECURITY NUMBER 230 20 8271	5. SEX 1 M 2 F	6. AGE (In yrs. lest	VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	7. D.	ATE OF BIRTH	1923	a. BIRT	HPLACE (State or lity) LTGINIA	Foreign
TOR	98. FACILITY NAME (If not institution, give st Franklin Sq. Hosp: RESIDENCE OF DECEDENT				9b. CITY, TOWN	or Location of	F DEATH			UNTY OF timo		
DIRECTOR	10a STATE 10b COUNTY	ltimore		10c. CIT	Y, TOWN OR LOCA						10d. INSIDE CIT LIMITS? 1 YES 2	
FUNERAL	10e. STREET AND NUMBER 15 National Dr:	ive			10	ZIP CODE	21		10g. CI		WHAT COUNTRY?	,
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDEN FORCES? 12 IF YES, GIVE W	YES 2 N		If yes, sp	CENOENT OF NIS lecify Cuban, Me 2 NO Sp	xican, Pue				CE — American Indek, White, etc.	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G)	ive kind of	USUAL OCCUPATION of done during me todian			16b. KIND OF	BUSINESS/IN			
	17. FATHER'S NAME (First, Middle, Last) Abe Bartol	a		8 1		-	S NAME (FI	irst, Middle, Mai Boyd	den Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Lorene Barton, Wi:	fe .			ational			Number, City or Md.				
	20e. METNOD OF DISPOSITION 3 Buriel 2 Cremetion 3 Remo	oval from State	20b. PLACE other place Holl	of DISPO	SITION (Name of ce				LOCATION -		Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	-	leen	_		inski astern				Md.	21221	
	23. PART I. Enter the diseases, or o shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cut	on each line	A	rest	ode of dying,					Onset a	mate Between nd Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Auto	(OR AS A CONSECUTION OF AS	Pro	state	Am	th F	Respira	itory	Arre	est	
ERTIFIC	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSEC	OUENCE O	F):							
O	PART II. Other eignificent condition	e contributing to	death but not i	requiting	in the underlyle	a cause alver	n in Part	i 24a WAS	AN AUTOPS	v 124	6b. WERE AUTOPSY	EINDINGS
: MEDICAL						ny outdoor give		PEF	FORMED?		AMILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	PR TO F CAUSE
A	25. WAS CASE REFERRED TO MEDICAL				20. F	LACE OF DEATH	N (Check or	nty one)				
Sici	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:							
PHYSICIAN:	27. MANNER OF DEATN 1 Partural 5 Pending	28a. OATE OF (Month, L	INJURY	26b. TI	ME OF 28c. IN	JURY AT ORK?	26d	. OESCRIBE NO	W INJURY O	CCURED		
ETED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datermined		OF INJURY — At he atc. (Specify)	oma, farm,	street, factory, offi	ce	281.	LOCATION (St City or Town, S		per or Rura	I Route Number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE										e(a) and monner a	s stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIES	luci	ME			29c. LICENSE	NUMBER	Ĵ	29d. D/	TE SIGNI	ED (Morth, Day, Yes	ur)
10	30. NAME AND ADDRESS OF PERSON WHAT A. CRAIG VE	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	35 Oc	TIMGE	LA	(;	TOWER	N.	MD ZI	204.

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2.7 S. J. S. * I . prode to En 15 off and wind given y · reserve it summer than I now

wath, Page 6 may be retained by the hos	with funeral director, page 5 should be detach	bel examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the constitution of the first has be retained by the hose	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and companies are now in juneral director, page 5 should be detach	be filed within 12 flows and begin with the base begin, or regulation mentals regions to bound, and the first manual be notified at once. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event. The most examiner must be notified at once.

	500							21	3 6 10	H C	hin .	21016
	FOR STATE REGISTRAR	STATE OF M					EALTH A		NTAL HYGI REG.	NC.	1-18	1187
	1. DECEDENT'S NAME (First Miridle, Last)		1				14	2.	OATE OF OEAT		YEAR	3. TIME OF OEATH
	Margaret M. Cutl	ip					11.5	All S	MONTH		90	810PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDER 24		DATE OF BIRTH (Month, Day, Yea	ir)	8. BIRTHE Country	PLACE (State or Foreign
	218-18-1328	1 🗆 M 2 💢 F	65	YRS.					6-14	-		yland
BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give str LIBERTY MEDI RESIDENCE OF DECEDENT	ENTE	96. CITY, TOWN OR LOCATION OF DEATH PAUTIFORE CITY					174	9c. COL	INTY OF DE	ATH .	
EG	10s. STATE 10b. COUNTY				Y, TOWN C	OR LOCAT	ION				T	10d. INSIDE CITY LIMITS?
듬	Maryland Baltimore				ansdo	owne					1 YES 2X NO	
AL	10e. STREET AND NUMBER						ZIP CODE			10g. CI1	IZEN OF W	HAT COUNTRY?
E	2920 Charleston	Ave.						21227	7	U	.S.A.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2				13.	WAS DEC	ENDENT OF	HISPANIC (ORIGIN? (Specifican, sto	y Yes or No-	14. RACE Black,	- American Indian, White, atc.
∑	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				1 U YES		Specify:			Specify	
	15. DECEDENT'S EDUC	ATION	16a, D	ECEDENT'S	USUAL O	CCUPATIO	N .		16b. KIND OF	BUSINESS/IN	OUSTRY	White
ET	(Specify only highest grade (Elementary/Secondary (0-12)	Give kind of a b. Do NOT u	work done se retired.)	during mo	st of working							
립	Unknown	College (1-4 or 5+		Cechn	icia	n			We	stingh	ouse	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME	(First, Middle, Ma	siden Surname)			
BE (Frederick Bahr								tta Din			
၉	19s. INFORMANT'S NAME (Type/Print)		LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20 Charleston Ave. Baltimore, MD 21227									
	Barbara Jean Wil	lis	000 00 000							c. LOCATION -		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	wal from State	other p	viace)			netery, cremet	ory or				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	- 1 WC	ood1a			E T Y	OF FACILI		oodlaw	II PIL	,
	Dan Dio 10	Sha	man						al Home	-		
	quice n.	XII W										D 21229
	23. PART /. Entar tha diseases, or c shock, or haart failure. I				not enter	the mo	de or dying	g, sucn a	ia cardiac or i	respiratory a	rrest,	Approximata Intarvai Between
-	IMMEDIATE CAUSE (Final disease or condition	Pa	2 1 -		0	100	2					Onset and Daath
	reaulting in death) a											
2	Cessis											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	IGH AS A CONSI	EQUENCE O	F):)				-	
CA	cause. Entar UNDERLYING CAUSE (Disease or injury	H	cult	KUD		W	eer					
F	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSI	EQUENCE C	NF):							
CEH		i	SPD									
	PART II. Other significant conditions	a contributing to	death but not	resulting	in the u	nderlyin	g cause giv	ven in Pa		AS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									_ 1 D Y	ES 2 NO		COMPLETION DF CAUSE OF DEATH?
ME									_	/ -		1 Tes 2 No
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEA	ATH (Check	only one)			
ΙΥS	1 TYES 2 NO	1 Inpatient 2 I		3 DOA		-	URY AT	_	Other (Specify 8d. DESCRIBE H		CCUBED	
	1 X Natural 5 Pending	(Month, E			JURY	W	PRK?		ou. DESCRIBE I	IOW INSUIT O	CCONED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At I	nome, farm,	street, fac				ef. LOCATION (S		er or Rural F	loute Number,
TED	4 Homicide 8 Could not be	building.	etc. (Specify)						City or Town,	State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	l my knowledge,	death occur	red at the	time, date	and place, a	and due to	the cause(s) an	d manner as s	tated.	
OM	one) 2 MEDICAL EXAMINE	R: On the basis of a	examination and/o	r Investigati	lon, in my	apinion,	leath occure	d at the tim	ne, dats and plac	ca, and dua to	the cause(s) and manner as stated.
C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 /) .	. 111	1			29c. LICEN	NSE NUMBE	ER CS	29d. D/	ATE SIGNED	(Month, Day, Year)
8	Shen A He	Showi	MI)			D24	164	18	•	1-1.	- 1440
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAL	SE OF DEATH (IT	EM 27) (7vo	e. Print)			-			_	

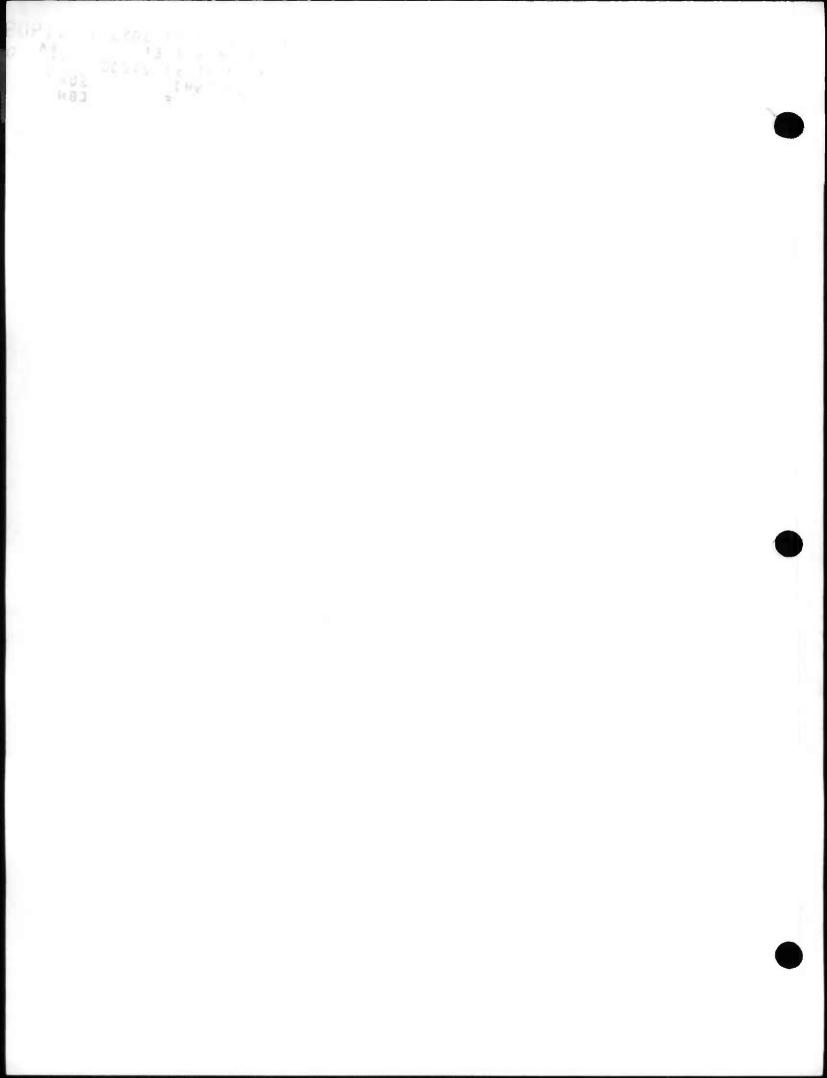
LETEO CAUSE OF DEATH (ITEM 27) (1900, Print)

31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Jurs after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover-	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
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most be notified at once.

	FOR STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	2/07				2. DATE OF DEATH DA	YEAR YEAR	3. TIME OF OEATN P		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT Coun	NPLACE (State or Foreign try)		
TOR	98. FACILITY NAME (If not institution, give str 3108 108 TH RESIDENCE OF DECEDENT	/	ROAD	96. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	more more		
DIREC	10e. STATE 10b. COUNTY MARYLAGO BALT	more	10c. CIT	Y, TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 3108 North	- NOV. 1-1-1-1			21231	IIC ORIGIN? (Specify Yea	U-5.	WHAT COUNTRY?		
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 NO		icen, Puerto Ricen, atc.) Black, White, atc.					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			vork done during mode retired.)		16b. KIND OF BU	SINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)	10					Surrame)	0		
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) FAMILY RECORDS SAME AS ABOVE									
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)		other place)	on Me	D AOORESS OF FA	PK. PA	CATION — CITY OF T	Town, State		
	· Joseph To	fram.		2 VAG	HARF	ORD ROF	12MOR	النا عد الما		
	23. PART I. Enter the dissesse, or contact, pr heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Mtt		sma		h ee cerdlec or respi	•	Approximate Interval Between Onset end Desth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. Due to (or as a consequence of): c. Due to (or as a consequence of):									
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	e contributing to des	th but not resulting	in the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF OEATH (Ch	eck only one)				
	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpatient 2 ER	JRY 28b. TIN	IE OF 26c. IN.		6 Other (Specify) 28d. DE\$CRIBE HOW	NJURY OCCUREO			
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF IN. building, atc.	JURY — At home, ferm, (Specify)	street, fectory, offic		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	one)	tCIAN: To the best of my i						r(a) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	JYU	Mer, 4	N	29c. LICENSE NUI	B	29d. DATE SIGNE	ED (Morth, Dey, Year)		
-	30. NAME AND ADDRESS OF PERSON WH OR SH SLOO 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	R 406	EAST	ERA B	BLVD.				
	JUL 6 _ 1990 5	A 1	andella							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEI						
1. DECEDENT'S NAME (First, Middle	le, Last)	Louis (CRAWFORD		29 199					
4. SOCIAL SECURITY NUMBER 214-30-5005 90. FACILITY NAME (If not institution	1 M 2 G F	(in yrs. last birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) NOV. 14,	6. B	MAryland MAryland				
Franklin Squ	are Hospital		Rossville	2	Balt	imore County				
	Baltimore	10c. CITY, TO	WN OR LOCATION ESSEX			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER 904 FOXCROFT 11. MARITAL STATUS	Lane		101. ZIP CODE 2122	21	10g. CITIZEN OF WHAT USA					
11. MARITAL STATUS 1 Never Married 2 W Merri 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECENDENT OF HISPI If yee, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White				
	T'S EDUCATION est grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use retin	lone during most of working		usiness/industri					
17. FATHER'S NAME (First, Middle,	Last)			AME (First, Middle, Meide	n Sumeme)					
Harry Cra		19b. MAILING ADD		y Weiner	wn State Zin Cod					
19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Doris Crawford 904 Foxcroft Lane Baltimore MAryland										
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Spec	20e. METHOD OF DISPOSITION 1									
21, SIGNATURE OF FUNERAL SEF	1	Day of	22. NAME AND ADDRESS OF F	ACILITY						
23. PART I. Enter the disease abook, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	Withdrawl A CONSEQUENCE OF):	Seizure	ch as cardiac or rea	piretory arrest,	Approximete Interval Betweer Onset and Deati				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Asystole due to hyperkalemia and antonomic hyperactivity oue TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant of the part of	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part II.					24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO ME EXAMINER?	DICAL HOSPITAL:	ОТ	26. PLACE OF DEATH (C	Check only one)						
1 TYES 2 NO	1 Alphatient 2 ER/Out		Nursing Home 5 Residence	6 Other (Specify) 26d, OESCRIBE HOW	INJURY OCCUR	ED				
I I I I I I I I I I I I I I I I I I I	ing (Month, Day, Year)	INJURY	M 1 YES 2 NO							
3 Suicide 6 Could 4 Homicide deter	d not be building, etc. (Spe	Y — At home, farm, street city)	, factory, office	261. LOCATION (Street City or Town, State	Street and Number or Rural Route Number, State)					
One)	NG PHYSICIAN: To the best of my know					ouse(e) end manner ee stated.				
296. SIGNATURE AND TITLE OF C	M. Wydeli	M.O.	29c. LICENSE NI		29d. DATE SIGNED (Month, Day, Year)					
	Wychulis, MD 9		,	ve Baltimo	re, Mar	yland 21237				
31. DATE FILED (Month Day (bar)	Julia Santitional son									

er must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely flushed filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriak, cremational IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the management of the property of the pr

1	FOR STATE REGISTRA
	1. DECEDENT'S
I	4. SOCIAL SECU
	219-1
I	9a. FACILITY NA
	St. A
I	RESIDENCE
p	10e. STATE
ı	Maryl
Ì	10e. STREET AN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	10.			
	1. DECEDENT'S NAME (First, Middle, Last)	Thy M.	De	ichm	iller	2. DATE OF DEATH	5 9.	YEAR	TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER 219-12-6616	5. SEX 8. AG 1 ☐ M 2 🂢 F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/10/2)	8. BIRTHPL Country) Pana	ACE (State or Foreign	
OR	St. Agnes Hospit	ŕ	9	9b. City, town or Location of Death Baltimore 9c. county of Death						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			OWN OR LOCA					od. INSIDE CITY LIMITS?	
ר ס	Maryland Balt 100. STREET AND NUMBER	imore	Hal	ethorpe	I, ZIP CODE		10g. CITIZ	YES 2 X NO		
FUNERAL	5723 1st Avenue				21227			US.	USA	
20	11. MARITAL STATUS 1 Never Merried 2 Merried 3 🕅 Widowed 4 Divorced	er Merried 2 Merried FORCES? 1 YES		2 X NO If yes, specify Cuber		F HISPANIC ORIGIN? (Specify Yee or No — in Mexican, Puerto Rican, etc.) Specify:		14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +)		16a. DECEDENT'S US (Give kind of work life, Do NOT use n	k done during mo		16b. KIND OF BUSINESS/III		ISTRY		
	Elementery/Secondery (0-12) 12	linework			М	fg.				
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maid	len Surname)				
	George E. Mack 190. INFORMANT'S NAME (Type/Print)	19b. MAILING AL	DRESS (Street		Miller Route Number, City or	Town, State, Zip I	Code)			
	Roy M. Deichmill	5723 1	st Ave	nue, Hale	ethorpe,	orpe, Maryland 212				
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Remo	other place)	PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Sienhaven Cemetery			20c. LOCATION — City or Town, Glen Burnie,				
ļ	4 Donation 5 Other (Specify) Glennaven Cemetery Glen 21. Signature of Funeral Service Licenses 22. Name and address of facility						ilen Bu	rnie,	, Maryland	
	Ambrose Funeral Home, Inc. 1328 SUlphur Spring Road, Arbutus, Md. 2122									
CERTIFICATION	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE OF): PLEU/ S A CONSEQUENCE OF):	RAL	EFUSS		A			
	PART II. Other significant condition	s contributing to death	but not resulting in	the underlyin	g cause given in	PER	AN AUTOPSY FORMED?	A	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
									☐ YES 2 ☐ NO	
	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)				
	EXAMINER? 1 YES 2 NO	HOSPITAL:				6 Other (Specify)				
	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJUF (Month, Day, Yea 07/05	90 4:00	AM 1	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCC	URED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, ferm, atro Specify)	et, factory, offi	ce ·	26f. LOCATION (Str. City or Town, St	et and Number (ate)	or Rural Rou	ute Number,	
	(Oriotik Oriny	CIAN: To the best of my kr							end menner ee atated.	
1	29b. SIGNATURE AND THE OF CERTIFIER	11	MD		29c, LICENSE NU	MBER	29d. DATE	SIGNEO (A	Aonth, Day, Year) 5/90	
2	30. NAME AND ADDRESS OF PERSON WHO	SKY MD	DEATH (ITEM 27) (Type, P	J AVE	ZALTIHOR	E, MD &	21229	/	/	
	LEON MENATON 31. DATE FILED (Morith, Day, Year) JUL 06 1990	32. RECUSTRAR'S S	GRAFURE TANDER	3						

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fiffied at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Plant TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral mines be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examination.

1		FOR STATE REGISTR	AR
ı	1. D	ECEDENT'S	NA

	REGISTRAR		C	ENTIF	ICAIL	: OF	DEA	In	HI	G. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DAY		YEAR	3. TIME OF DEATH 7:40 P M
	Willard W. DuVal,				1				6	29		90	1 - 1
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la	st birthday) YRS.	IF UNDER	1 YEAR	HOURE	R 24 HRS.	7. DATE OF B	Year)		Countr	
	219-18-2102	1X M 2 D F	66					6-23			laryland		
_	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						ITY OF D	EATH
FUNERAL DIRECTOR	225 Tennessee Roa	.d			Stevensville Queen						en A	nnes	
ត្ត	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN C	OR LOCA	ATION						10d. INSIDE CITY
<u></u>		en Annes					ille						LIMITS? 1 YES 2 X NO
5	10e. STREET AND NUMBER	en Annes			reve	-	Of. ZIP COD	E			10a, CITI	ZEN OF Y	WHAT COUNTRY?
RA	225 Tennessee Roa	a						1666			37	S.A.	
2	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A.	RMED	13	WAS DE			HC ORIGIN? (Sc	ecify Yea			E American Indian,
	1 Never Married 2 Merried	FORCES? 15				If yes, s	pecify Cub	en, Mexice	n, Puerto Rican		74000	Speci	k, White, etc.
à l	3 Widowed 4 Divorced	WWI]				1 () 15	s 2 X NO	opecii)	<i>.</i>		_	Speci	White
	15. DECEDENT'S EDUC	CATION	16e. D	ECEDENT'S	USUAL O	CCUPAT	ION		16b. KIN	D OF BUSI	NESS/IND	USTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)) In	Give kind of e. Do NOT u	work done se retired.)	auring n	nost of work	ing					
립	9th grade						s Operator						
O	17. FATHER'S NAME (First, Middle, Last)			-			16. MOT	THER'S NA	ME (First, Middle	a, Maiden S	Surname)		
<u></u>	Compton DuVal						M	ary N	1cCann				
H	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street	and Numbe	or Rural	Route Number, C	ity or Town,	, State, Zip	Code)	
임	Elva R. DuVal			225	Tenr	iess	ee R	oad	Stever	svil	1e,	MD 2	21666
	20a. METHOD OF OISPOSITION 1 Buriel 2 Cremetion 3 Rem		20b. PLACE	E OF DISPO	SITION (N	ame of c	emetery, cre	matory or		20c. LOC	ATION —	City or To	own, State
	1) Surial 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	oval from State	Mea Mea	dowri	ldge	Men	noria	1 Par)	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			1 22	NAME	AND ADDR	ESS OF FA	CILITY				
) Au 2	Jal.			Hubbard Funeral 4107 Wilkens Ave					-			m 01000
	A min /	ONDIN											4D 21229
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line.												
	IMMEDIATE CAUSE (Finel)											Onset and Death	
	disease or condition resulting in death)	. Can	ew-n	CSIN	rat	00	you	M	est				5 min.
		DUE TO	(OR AS A CONS	EOUENCE C	F:	10	_	,					1. 24
Z	Sequentially list conditions,	o. bra	brain metastases						4			& months	
CERTIFICATION	if any, leeding to immediate	-	UE TO (OR AS A CONSEQUENCE OF):								3 Heard		
2	CAUSE (Disease or Injury	v	OR AS A CONS			-10	u	pa	10110	T.			Jewise
Ŧ	that initiated events reaulting in deeth) LAST	DUE TO	(OR AS A CONS	EQUENCE C)F):								
ER	readiling in death, Exc.	d											
	PART II. Other significent condition	ne contributing to	deeth but not	reeulting	In the u	nderly	Ing ceuee	ng ceuee given in Part I. 24e. WAS AN A					b. WERE AUTOPSY FINOINGS
EDICAL					an the diddinying codes given					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									''	/	Gino		OF OEATH?
M									_				1 100 2 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26.	PLACE OF	OEATH (C	heck only one)				
S	EXAMINER?	HOSPITAL:	EB/Outpetlant	2 □ DO4	OTHE	R:			Check only one) 6 Other (Specify)				
17.5	27. MANNER OF DEATH	260. OATE OF		28b. TII		_	NJURY AT	Nesidence	28d, OESCRI		NJURY OC	CURED	
	1 Netural 5 Pending	(Month, D			JURY	1	WORK? YES 2	□ NO	,				
BY	2 Accident Investigation	28a PLACE O	F INJURY — At	home farm	street fa				28f. LOCATIO	ON (Street a	nd Numbe	e or Rural	Route Number,
ED	3 Suicide 6 Could not be 4 Homicide determined	building,	atc. (Specify)		, , , , , , , , , , , , , , , , , , , ,	,			City or Ti	own, State)			
			_										
집	29e. CERTIFIER (Check only 1 CERTIFYING PHYS												
COMPLET	one) 2 MEDICAL EXAMIN	ER: On the beele of a	xamination end/o	or investigat	lon, In my	opinion	, death occ	cured at the	e time, date end	i place, en	d due to t	he cause	(a) end manner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	iR 🦳	+		h = 6)	29c. LI	CENSE NU	E NUMBER 29d. DATE SIGNED (Month, Day, Year				D (Month, Day, Year)
m	lulene (1.	Joras	uer	0	1171		1	25	5773 17-2-90				2-40
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	SE OF DEATH (IT	TEM 27) (Typ	e, Print)								= 787
	Dr		Forastiere Johns Hopkins Oncology Unit										
	31. DATE FILES (Mogth, Day, Year)		D'S SIGNATURE	2 ,									
	■ JUL (15 1991] guiav	au(d40/~/	janua	iop.								

DHMH-16 Rev 1/89

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	-	Semit.)	
BALLIMOHE, MARYLAND 21203-3146	n 24 nours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transforms. Pro-	loval.	the modical examinar much be notified at once
	nours :	illed in b	lation, or removal.	Iham a
	17 U	aly fi	ation	4

TO BE COMPLETED BY FUNERAL DIRECTOR

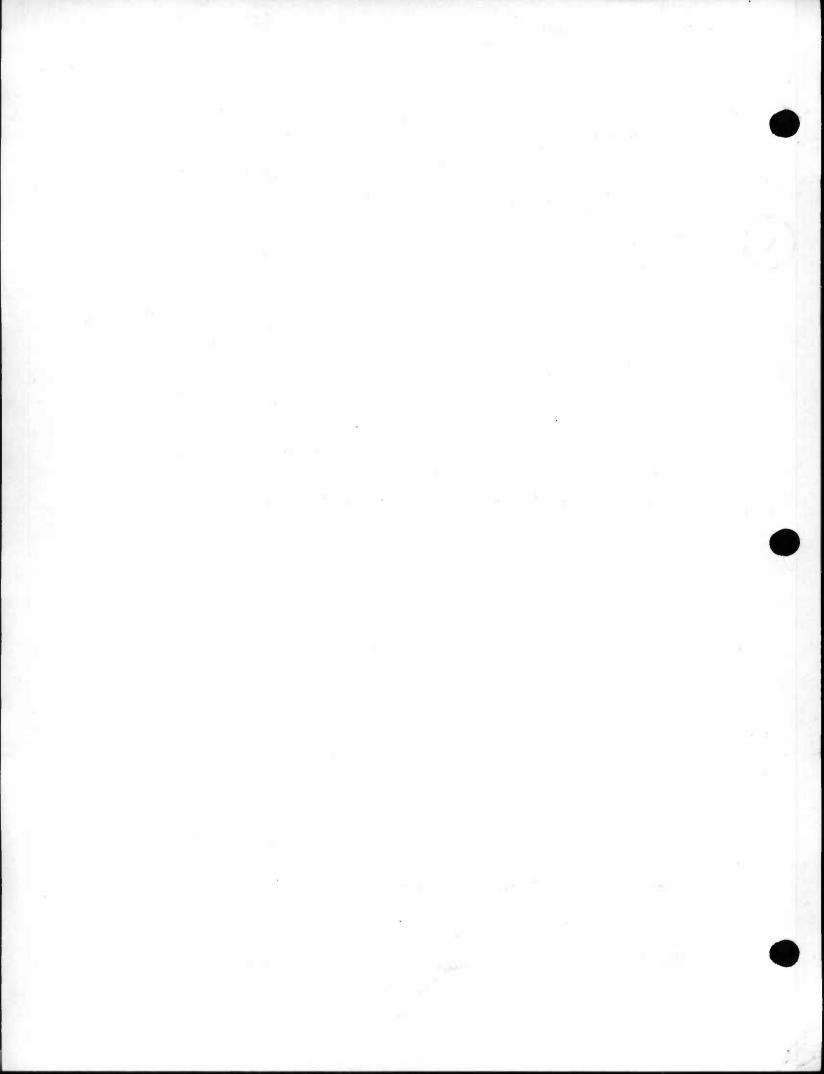
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CE								
EDWIN	н.		Do	YE	JR.	2. DATE MONT	OF DEATH	9	YEAR	3. TIME OF DEATH 2:40A
	5. SEX 6. A	GE (in yrs. last		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		B. BIRTH Countr	PLACE (State or Foreign
n. FACILITY NAME (If not institution, give stre			9b	CITY, TOWN	OR LOCATION OF	EATH		9c. COUNT		
Stella Maris H	lospice			Towson	n				B	altimore
e. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCA	ATION					10d. INSIDE CITY LIMITS?
Maryland			Ba	ltimor	e City					1 X YES 2 NO
e. STREET AND NUMBER				10	of. ZIP CODE			10g. CITIZE	EN OF V	VHAT COUNTRY?
3822 Glenarm Ave.					21206				U.S	
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR C	YES 2 N	MED O	If yes, s	CENDENT OF HISP. pecify Cuben, Maxie S 2 X NO Spec	an, Puarto	N? (Specify Yes Ricen, etc.)	or No- 1	Speci	- American Indian, t, White, etc. by: White
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a, DEC	CEDENT'S USL	JAL OCCUPAT	ION post of working	168	. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)		ve kind of work Do NOT use re		lost or working	3	Dof			
10 yr's		- IA	lechan:	1 C		- 1		rigera	1110	n
Edwin H.	Dove,	Sr.			18. MOTHER'S N		Middle, Maiden	Sumame)	R	ozman
. INFORMANT'S NAME (Type/Print)	50,0,		MAILING AD	DRESS (Street	and Number or Rura		nher City or Tow			OZIIIQI1
Mrs. Doris D. Smi	th		Same as			11000	ony or row	ri, ordin, alp o	,	
. METHOD OF DISPOSITION Suriel 2 Cremation 3 Remo		20b. PLACE C	OF DISPOSITION	ON (Name of co	emetery, crematory or		20c. LO	CATION CI	Ity or To	wn, Stata
Donation 5 Other (Specify)			0al	k Lawn				Baltim	nore	,Md.
SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Paul L.	Hartso	ck, Jr.	22. NAME /	AND ADDRESS OF I	ACILITY	Balt	timore	. Md	. 21214
3. PART I. Enter the diseases, or cahock, or heart feiture. L	let only one cause of	on each ilne.	Co	anter the m	ode of dying, au	ch aa car	Inc.	5305	Har	Approximate interval Betwee Onset and De
ahock, or heart feilure. L MMEDIATE CAUSE (Final issesse or condition sesuiting in death) a equentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events	DUE TO (OR	TATIC	DUENCE OF):	anter the m	ode of dying, au	ch aa car	Inc.	5305	Har	ford Rd. Approximate interval Between
ahock, or heart feilure. L MMEDIATE CAUSE (Final issesse or condition sesuiting in death) a equentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events sesuiting in death) LAST	DUE TO (OR DUE TO (OR	AS A CONSECU	DUENCE OF):	lon (code of dying, au	ch as car	Inc.	5305	Har	ford Rd. Approximate interval Between
ahock, or heart feilure. L MMEDIATE CAUSE (Final issesse or condition sesuiting in death) a equentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events sesuiting in death) LAST	DUE TO (OR DUE TO (OR	AS A CONSECU	DUENCE OF):	lon (code of dying, au	ch as car	Inc.	5305 Iratory srres	Har	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ahock, or heart feiture. L AMEDIATE CAUSE (Final issesse or condition issuiting in death) a equentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events sautting in death) LAST	DUE TO (OR DUE TO (OR	AS A CONSECU	DUENCE OF):	lon (code of dying, au	ch as car	Inc. diec or respi	5305 Iratory srres	Har	Approximate interval Betwo Onset and De Onse
ahock, or heart fellure. L AMEDIATE CAUSE (Final Iseese or condition suiting in death) a equentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury sat initiated events saulting in deeth) LAST ART II. Other aignificant conditions WAS CASE REFERRED TO MEDICAL	DUE TO (OR DUE TO (OR DUE TO (OR Contributing to dea	AS A CONSECU	DUENCE OF): DUENCE OF): DUENCE OF):	anter the m	code of dying, au	n Part i.	Inc. diec or respi	5305 Iratory srres	Har	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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ahock, or heart fellure. L AMEDIATE CAUSE (Final Iseese or condition suiting in death) a equentielly list conditions, any, leading to immediate Buse. Enter UNDERLYING AUSE (Disease or injury att initiated events autiting in deeth) LAST ART II. Other significant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSEC	DUENCE OF): DUENCE OF): DUENCE OF):	the underlyle	ng cause given i	n Part I.	Inc. diec or respi	AUTOPSY RMED?	Harrist,	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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ahock, or heart fellure. L MMEDIATE CAUSE (Final Iseese or condition seulting in death) a dequentielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events seulting in deeth) LAST ART II. Other algnificant conditions	DUE TO (OR DUE TO	AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSEC	DUENCE OF): DUENC	the underlyle 28. If Muraling Ho	ng cause given I PLACE OF DEATH (I TORK? YES 2 NO Ice	n Part I. Check only o S M Oth 2ed. DE 2ef. LO Ch	24s. WAS AN PERFORM 1 YES 2 CATION (Street or Town, State)	AUTOPSY RMED? HOSP INJURY Occurrence as state and due to the	24b ice ured or Rural d.	Approximate interval Betwo Onset and De Onse
ahock, or heart fellure. L MMEDIATE CAUSE (Finel Iseese or condition esuiting in death) a dequentielly list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury hat initiated events eauting in deeth) LAST ART II. Other algnificant conditions ART II. Other algnificant conditions L. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR DUE TO	AS A CONSEGRATION AS A CONSEGR	DUENCE OF): DUENCE OF):	tha underlyle 28. I THER: Nursing Ho St 4 1 et, factory, off at the time, dat	ng cause given in specific property in the spe	n Part I. Check only o S M Oth 2ed. DE 2ef. LO Ch	24s. WAS AN PERFORM 1 YES 2 CATION (Street or Town, State)	AUTOPSY RMED? HOSP INJURY Occurrence as state and due to the	24b ice ured or Rural d.	Ford Rd. Approximate interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ahock, or heart fellure. L AMEDIATE CAUSE (Final Iseese or condition suiting in death) a equentieity list conditions, any, leading to immediate Buse. Enter UNDERLYING AUSE (Disease or injury act inflitated events equiting in deeth) LAST ART II. Other significant conditions ART II. Other significant conditions L WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined a. CERTIFIER (Check only 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	DUE TO (OR DUE TO	AS A CONSEQUENT AS A CONSEQUEN	DUENCE OF): DUENC	tha underlyle 28. If THER: Nursing Ho St. factory, off at the time, dat in my opinion,	PLACE OF DEATH (I	n Part I. Check only of S Y Oth 28d. DE 28f. LO. City as to the cut time, dat UMBER 7087	Inc. diec or respi	AUTOPSY RMED? LAUTOPSY RMED? LOSP RAJURY OCCU and Number of	Han st, 24bbice or Rural d. cause(st	Ford Rd. Approximate interval Betwee Onset and De Onset

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNEPAL DIRECTOR. Aster this certificate has been signed by the attending physician and completely be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zarnours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE		
1. DECEOENT'S NAME (First, Middle, Last)	MES HARRL	5 711	nin		2. DATE OF DEATH MONTH	DAY 5 Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 575-14-6970		n yrs. last birthday) IF		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 5-23-2	8. (BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give si	treet and number) H05P.	91	BALTE	LOCATION OF OE	ATH	9c. COUNTY	
10a. STATE 10b. COUNTY MD BAL		1000	TONS				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	ESON R	D.		IP COOE	7	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spec		C ORIGIN? (Specify , Puerto Rican, etc.)	Yee or No— 14.	RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	18e. DECEDENT'S US (Give kind of work life. Do NOT use re	SUAL OCCUPATION k done during most etired.)	of working	16b. KIND OF I	BUSINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Lest)	5+	ACCOL	INTAN		AE (First, Middle, Meid	len Surname)	
EDWARD 190. INFORMANT'S NAME (Type/Print)	4. DUN				Oute Number, City or		
JAMES P	DUNN 20b	PLACE OF DISPOSITION Other place)				LATON LOCATION - City	ISULLIE MD.
1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	/			ADDRESS OF FAC	HLITY	BALTO	
David	J. Webe	J	53	11 E	DMONE	50N	AVE
IMMEDIATE CAUSE (Finei	a. DULLCHULE DUE TO (OR AS A	rated Inc. CONSEQUENCE OF:	travav	culas i	Coagulat		Approximate interval Between Onset and Deeth
Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF:	rhyloco	ceus a	urcus)		
that initieted events resulting in deeth) LAST		CONSEQUENCE OF):	Postal	Hyper	tennen		
PART II. Other significant condition	s contributing to death b	ut not reaulting in	the undarlying	ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Che	the fact and the		
27. MANNER OF OEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJU	RY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	RED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec ST. AGNES	:ffv)	et, factory, office		28t. LOCATION (Sin City or Town, St		Rural Route Number,
(Orlock Orly	ICIAN: To the best of my know ER: On the basis of axamination						euse(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE MEDICAL RESIL CARMINIA E.	BENT DAVIDSOUN C	Davidso	sho	29c. LICENSE NUM	IBER	- 0	IGNED (Month, Day, Year)
20. NAME AND ADDRESS OF PERSON WH	DAVIDSOHN =	ST. AGN	rint)	OLTAL , D	PEPT - OF 1	ν.	0
1111 06 1000 4	uli Davidson All	lance					

hospital or attending physician.	are the stached for use as the burial-transit		Ulfined at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5- nours after death. Pag 6 m - 100 m - 100 m m - 100	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral din men year 5 mm.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be multipled at once.	

1. DECEDENT'S NAME (First, Middle, Last)	DIAMOND		D.,		2. DATE OF	DEATH 7/	3/9U	3. TIME OF DEATH
ROBERT	В.		DIAMO	トリ	71-	3. A	0	1 on
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De	w Wear)	¿ Cour	
427-38-2806		63 *rs.			11/06/			SISSIPPI
9a. FACILITY NAME (If not institution, give	4	*		DIR LOCATION OF DI	EATH 37	1 9	c. COUNTY OF	
HOWARD COUNTY G	ENERAL HOSP	LTAL	COLUMI	BIA - /	-,		HOWA	RD
10s. STATE 10b. COUNT			TY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
MARYLAND HOWA	.RD	COI	LUMBIA					1 TES 2 NO
100. STREET AND NUMBER	DEE COUDE			f. ZIP CODE				WHAT COUNTRY?
10299 CRIMSON T				21044			U.S.A.	
1 Never Married 2 Married	12. WAS DECEDENT EVI FORCES? 1 V	ES 2 NO	If yee, sp	CENDENT OF HISPAI	in, Puerto Rice	n, atc.)	Bla	CE — American Indian, ick, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR O	H DATES	1 THE	2 NO Specif	у:		W	HITE
15. DECEDENT'S ED (Specify only highest grad		16e. DECEDENT'S	S USUAL OCCUPATI work done during me	ON ost of working	16b. KII	D OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	We. Do NOT L	rse retired.)		OPT	T DI	LOVED	
12TH		AUDIO .	rechnici.			JF-EMP		
17. FATHER'S NAME (First, Middle, Last) ROBERT B. DIAMO	MD			MOLLIE			name)	
19a. INFORMANT'S NAME (Type/Print)	ND	19h MAII IN	G ADDRESS /Street	and Number or Rural			tete Zin Code)	
EMMA L. DIAMOND)		CRIMSON				A. MD	21044
20a. METHOD OF DISPOSITION 1 □ Burlal XX Cremation 3 □ Res		20b. PLACE OF DISPO				,	ION — City or	
1 Donation 5 Other (Specify)	moval from Stata	other place) ME	TRO CREM	ATORY		CATO	NSVILL	E, MD
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE \	/	22. NAME A	ND ADDRESS OF FA	CHITY	י גידיייס	NE EIM	ERAL HOME
VEK. /nai.	< Witake	·	1					MD 21045
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shock, or heart fellure	. List only one cause of	on each line.						Interval Betwee
disease or condition resulting in death)	PNE	UMONI	4					1/ 4-
	DUE TO (OR	AS A CONSEQUENCE						1 No
	· ,	AS A CONSCOUNCE O	OF):		0.			l Ro
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death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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31. DATE FILED (Month. Day, Year) 06 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pant)

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH EVANS 90 01 5. SEX 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 F 12/9/13 578-07-4481 76 YRS. S.C 9a. FACILITY NAME (If not institution, give street and number, 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5920 H St Fairmount Hots. P.G. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Md. P.G. Fairmount Hgts. 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 5920 H 20743 S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 YES 2 NO If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify. ВY \$€XWidowed 4 ☐ Divorced Black ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 5th Custodian County School System 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First Middle Maiden Surname Albert Jones Annie Lowery BE 19a. INFORMANT'S NAME (Type/Print) 19h MAILING ADDRESS (Street and Number or Rural Boute Number City or Town, State, Zip Code) 2 Upshur St., N.W., Wash., D.C. 20011 Annie L. Johnson 20e. METHOD OF DISPOSITION

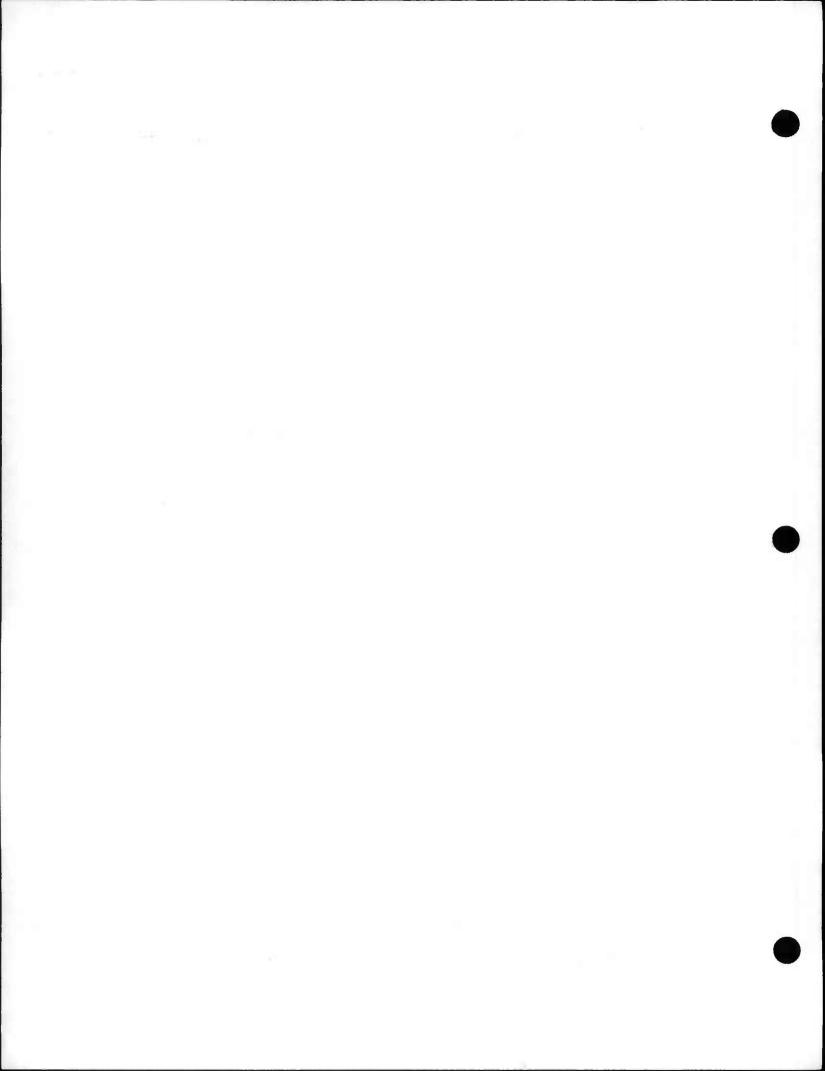
to Burlet 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c LOCATION - City or Town, State Lincoln Cem. 7/6/90 Bladensburg, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H.S. Washington & Sons, Inc. n. Xairy att 4925 Burroughs Ave., N.E 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feiture. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final (ARC NUMA disease or condition PROSTATE resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initieted events reculting in deeth) LAST PART ti. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO AVCE 50N2 TASTAT COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 U YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 4 - Nursing Home 5 Realdence 8 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Netural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 28s. PLACE OF INJURY - At home, term, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 KCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as ateled. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year BE

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or attending physician. BALTIMORE, MARYLAND 21203-3146 the hospital Page 6 may be retained by after death.

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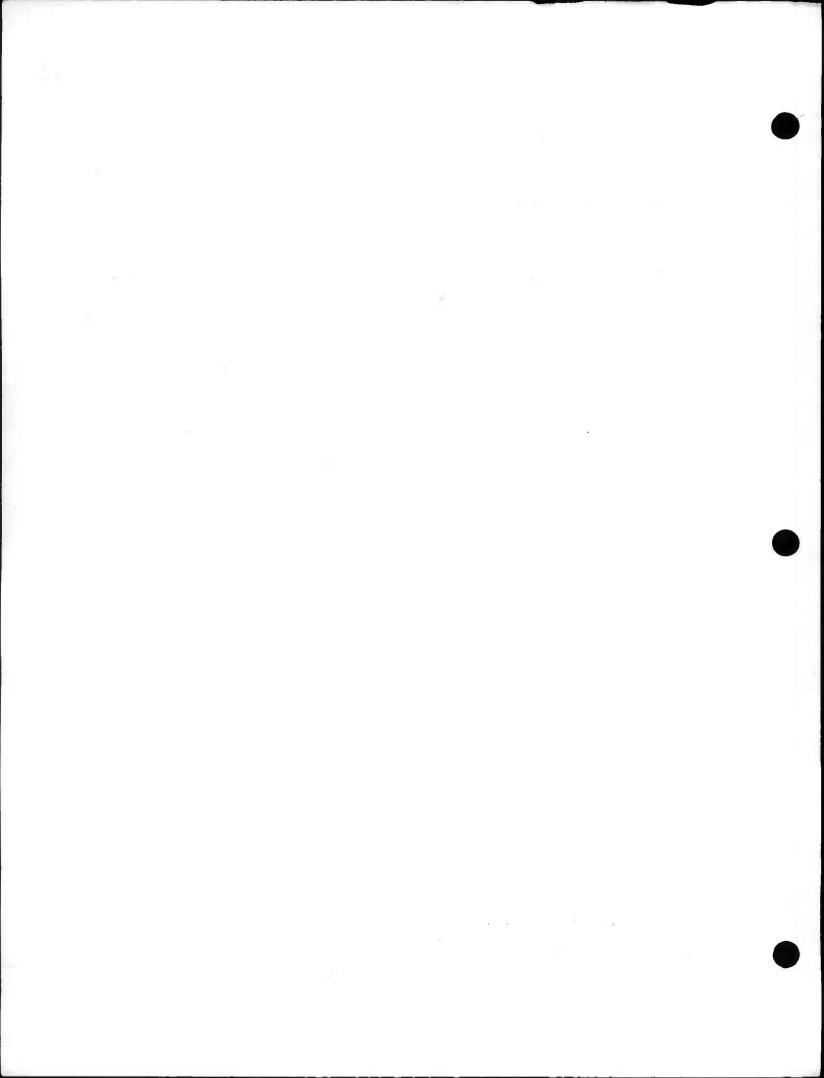
the funeral

filled in by completely filler OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within P.O. BOX 13146, prior to burial, the attending physician and Mental Hygiene prior to bur DIVISION OF VITAL RECORDS, signed by the been : has be Dept. certificate h the this c. After t death DIRECTOR: A FUNERAL C HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR

1 -REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1990 Harry Frank 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8 BIRTHPI ACE (State or Foreign MONTHS DAYS HOURS 213-05-0665 1-J-M 2 🗌 F മവ YRS. 12 12 1909 Md 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Harford Gardens Nursing Center Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 TYPES 2 - NO 10a, STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 4523 Mainfield Ave. 21214 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried 1 TYES ZENO Specify: 3v2vWidowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 10 th Coca Cola 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) James Frank Martha Sauders 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harry Frank Jr. (SON) 907 Virginia Ave. Baltimore Md. 20e. METHOD OF DISPOSITION
11/2 Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Gardens Of 4 Donetion 5 Other (Specify) Faith Cemetery Baltimore 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300 Mace Ave. 23. PART i. Entar tha diseas complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata . List only one ceuse on each line. shock, or heart IMMEDIATE CAUSE (Finel Onset and Death CANCER METASTATIC UNG diseese or condition_ resulting in deeth) Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, laeding to immadieta cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE COPD 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 🗌 Homicide 29e CERTIFIER 1 CERTIFY NO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL MINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF THE R 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D17647 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARTHUR M. LEBSON, BALTIMORE 21215 M.D. 3640 FORDS LANE 31. DATE FILED (Month, Day, Year)

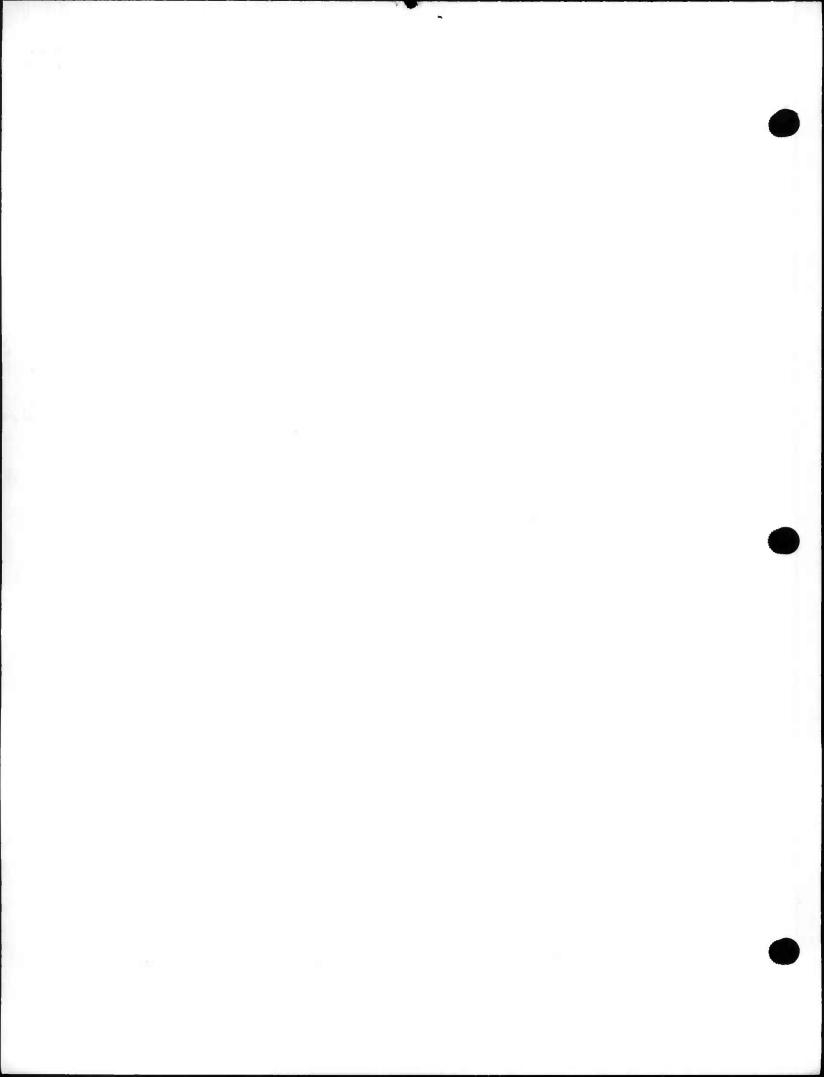
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-20urs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	TE OF MARYLAND / DE	PARTMENT FIFICATE			IENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH		
	CATHERINE GERTRUDE	FISHPAUGH				06/ 28	90	10:30 A M		
	4. SOCIAL SECURITY NUMBER 5. SECURITY NUMBER 1	V 70	RS. IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 8 17 17	Cou	orthplace (State or Foreign Intry) Maryland		
H.	GREATER BALTIMORE	MEDICAL CENTER		WSON	N OR LOCATION OF DEATH SC. COUNTY OF DEATH BALTIMORE					
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		- OUTY TOWN					L co. marine acres		
DIRECTOR		timore	c. CITY, TOWN (OR LOCAL	Parkvil	le.		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10s. STREET AND NUMBER	_		101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
E I	8211 Evergreen Dr		- Love		2123			USA		
BY FU	1 Nover Married 2 Married FO	AS DECEDENT EVER IN U.S. ARMED PRCES? 1 YES 2 NO YES, GIVE WAR OR DATES	1	If yes, spe		IC ORIGIN? (Specify Yae , Puerto Rican, etc.)	Bi	ACE — American Indien, eck, White, etc. eccity: White		
	15. DECEDENT'S EDUCATION		ENT'S USUAL O			16b. KIND OF BUS	INESS/INDUSTRY			
COMPLETED	(Specify only highest grade complet Elementary/Secondery (0-12) Colle	ne (1 4 or 5 c) life. Do I	nd of work done NOT use retired.) JSEW1fe		t of working					
NO.	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	AE (First, Middle, Malden	Surname)			
BE C	Jacob Rumpf				==		===			
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town				
	Michael Samphilpo					Itimore M	_			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	om State other place)	LAwn Ce	emete		Ва	cation — city of altimore	Town, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ual flom	,		elly Fune		300MAcei	Ave. 21221		
	23. PART I. Enter the diseases, or complice shock, or heart fellure. List or	cations that ceused the death.	Do not enter	the mo	de of dying, such	ee cerdiec or respi	ratory errest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final	ny one cause on each mie.						Onset end Deeth		
	disease or condition resulting in deeth) e	RESPIRATORY ARE	REST					IMMEDIATE		
	1		NCE OF):					48 hour		
NO N	Sequentially list conditions,	PNEUMONIA DUE TO (OR AS A CONSEQUEN	NCE OF:					UNDERLYING		
¥	if any, leading to immediate ceuse. Enter UNDERLYING	LUNG CANCER						ILLNESS		
빌	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSEQUEN	NCE OF):							
CERTIFICATION	resulting in death) LAST									
	PART II. Other eignificent conditione cont	irlbuting to death but not reeu	Iting in the u	nderlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL		•				PERFOR 1 ☐ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							- NO	OF DEATH?		
≥ :						_				
¥	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Che	eck only one)				
Sic		SPITAL: inpatient 2 - ER/Outpatient 3 - I	DOA 4 Nu		e 5 🗆 Realdenca	8 Other (Specify)				
E		28a. DATE OF INJURY (Month, Day, Year)	b. TIME OF INJURY	28c. INJ WO	URY AT RK?	28d. DESCRIBE HOW I	NJURY OCCURED			
BY	1 Netural 5 Pending 2 Accident Investigation		М		rES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	form, street, fac	ctory, offic		281. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,		
COMPLETED	CONSCINUTE CONTROL CON	To the best of my knowledge, death of the basic of examination end/or investigation.						se(e) and manner se stated		
1 200 LICENSE MUMBER										
TO BE	Dand Exp Mi) INTERN			ANG LICENSE NUN	noen	29d, OATE SIG	(MORIII, L'ay, Teal')		
	30. NAME AND ADDRESS OF PERSON WHO COM		r) (Type, Print)							
	DAVID BLEWS, M.D.	G.B.M.C.	7.					t		
	JUL 06 1990 900	Distractation	-							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dear.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with fire State Dept. of Health and Mental Hydrene prior to burial, cremation, or remove.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical manning mentals in note.

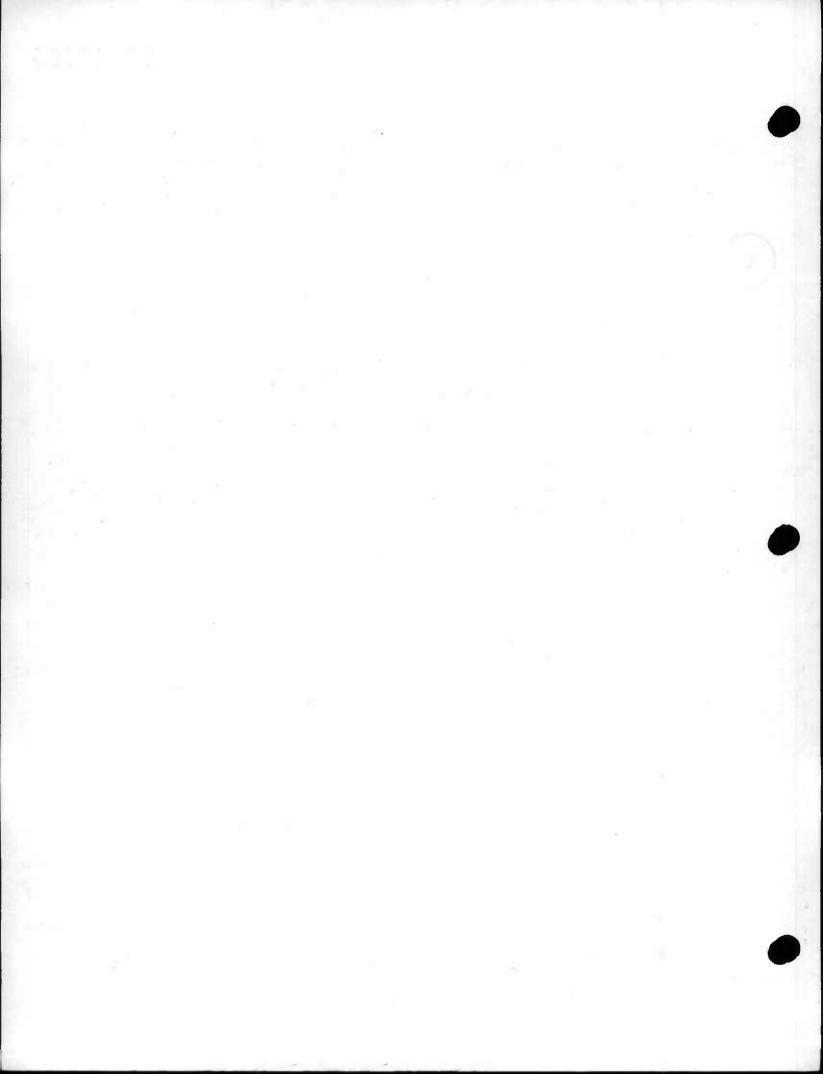
1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	A Tanama a I da	2. DATE OF DEATH

	1. DECEDENT'S NAME (First,	, Middle, Last)									2. DATE	OF DEATH		WEAR	3. TIME OF DEATH	
	Beverly A. Frommelt										Ju.	ly 5,	199	1990 5:45 Am		
1	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (I	n yrs. fast l	birthday)	IF UNDER	1 YEAR	HOURS	24 HRS. MIN.	7. DATE (7-196	1	Count	PLACE (State or Foreign my) aryland	
	218-76-50 90. FACILITY NAME (If not in		1	4	0	1110.	AL OUT	TOWN	OR LOCATI	ON OF DE		7-190	9c. COUNTY OF E		U	
	Harbor Ho	spita					SO. CITY		ltim		EATH.		96. 000			
	RESIDENCE OF DEC	10b, COUNTY													10d, INSIDE CITY	
l		10B. COOK 1	*		- 1	10c. CITY, TOWN OR LOCATION									LIMITS?	
į	Md . 100. STREET AND NUMBER	_			Baltimor						поте		40- 017	IZEN OF	1 X YES 2 NO	
1		2324 E. Baltimore St.						1 "		1221	u.		log. Cit		5 . A .	
	11. MARITAL STATUS							WAS DE	DECENDENT OF HISPANIC ORIGIN?			? (Specify Ves	or No		E — American Indien.	
ĺ	1 Never Married 2	Married	FORCES? 1	YES	2 NO			If yes, s		n, Maxica	n, Puarto R		Maria a	Blac	k, White, etc.	
I	3 Widowed 4 Divo	orced	11 120, 0112						0 1/2 110	apacin	,			Gpac	White	
I	15. DEC	EDENT'S EDU	CATION completed)		16a. DECI	EDENT'S	USUAL O	CCUPAT	ION	3/7	16b.	KIND OF BUS	SINESS/INI	DUSTRY		
I	Elamentary/Secondary (0	T	College (1-4 or 5	+)	fife. E			GOING III	ost of world	'sr		NT				
I						Nor	16						ne			
1	17. FATHER'S NAME (First, M		2.4								, ,	Hiddle, Maiden	,			
	Charles		шиетт								U	Fromn				
	19a, INFORMANT'S NAME (7		A E			MAILING 232						er, City or Tow			. 212	
	Mrs. Beve		H. F.I.OM		_			_			C 10 L	-		<u> </u>		
	20a. METHOD OF DISPOSIT 1 ◯ Burial 2 □ Crematic	on 3 🗆 Rem	oval from Stete	20b	other plac	(a)			ometery, crer	,		20c. LO			own, State	
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENICEE A	-0	- (uak.			emet			Balto., Md.				
ı	21. SIGNATURE OF FUNERA	SERVICE ER	CENTREE				22.					er Fu	mer	al I	Home	
J	23. PART I. Enter the d	w M	eller					7	527	Har	ford	Rd.	Bal	. Md. 2123		
	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ediate ING ury	b. Syba DUE TO	O (OR AS A O (OR AS A O (OR AS A	Le Sonseon	CLOV DENCE OF	08 m	no.	lant in-	ncep	sha li	צית				
	PART II. Other significa	ant condition	ns contributing to	death b	ut not re	sulting	In tha u	nderlyl	ng causa	given in	Pert I.	24s. WAS AN PERFOR	PMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED T	TO MEDICAL						26, 1	PLACE OF I	DEATH (C)	neck only on	10)				
I	EXAMINER?		HOSPITAL:	☐ ER/Outp	etlent 3	□ DOA	OTHE 4 Nu		me 5 🗆 R	esidenca	8 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH		28s. DATE O		T	28b. TIM		28c. II	JURY AT		1	CRIBE HOW	NJURY O	CURED		
1	1 Netural 5 🗌 2 🗍 Accident	Pending Investigation	(Month)	Day, Ioary		1140	М		YES 2	NO						
l	3 Suicide 8	Could not be	28e. PLACE (OF INJURY	— At hom	ne, ferm,	atreat, fec	tory, off	ica			ATION (Street or Town, State)		er or Rural	Route Number,	
	4 Homicide determined building, atc. (Specify)															
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the one) 2 MEDICAL EXAMINER: On the beat of examination and/or investigation, in m								courred at the time, data and place, and due to the cause(a) and manner as stated. Igation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.							(a) and manner as stated.	
29a. CERTIFIER (Check only) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER City or Town, Signature A Homicide B Could not be building, atc. (Specify) City or Town, Signature City or Town, Signature City or Town, Signature City or Town, Signature City or Town, Signature A Homicide City or Town, Signature City or Town, Sig										29d. DA	TE SIGNE	D (Month, Day, Year)				
	30. NAME AND ADDRESS O	F PERSON W		USE OF DE	ATH (ITEM	P27) (Type	, Print)	Ro	de	4/1		11	1	-) /0	
	31. DATE FILED (Month, Day,		lia Davidoon	ATT REPUBLICA	43825	1 9-5-		1	100	-0		100				
-41																

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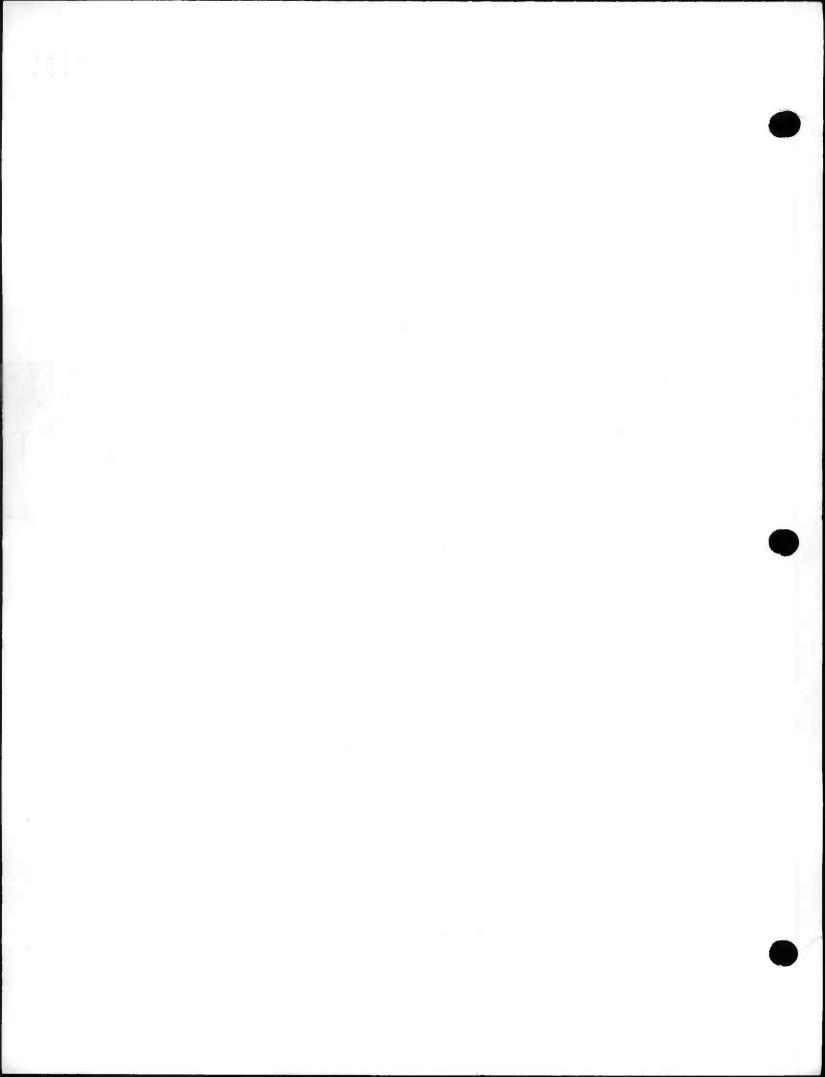
tes 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF M	IARYLAND / CE			T OF HI				HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, L	ast)							2. DATE OF	DEATH			3. TIME OF DEA	ГН
ľ	IVY	GRACE		G	RIF	FIN			July	3. DA	1990	YEAR	730	14 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF (Month, D	BIRTH		8. BIRTH	PLACE (State or F	oreign
	522-22-8560	1 □ M 2√□F	82	YRS.	MONTHS	DAYS	HOURS	MIN.		7-190	7	Countr SOULT	" ch Dako	nt a
	90. FACILITY NAME (If not institution,	give street and number)	02		9b. CIT	Y, TOWN OF	R LOCATIO	ON OF OR		150		NTY OF D		, ca
H H	25 Benn Way				Pa	rkvi	110				Ra.	1+in	nore	
5	25 Benn Way										Da.	TOTI		
DIRECTOR	10e, STATE 10b. CO					OR LOCATI							10d. INSIDE CITY LIMITS?	
		Ltimore		Pa	rkv	ille							1 - YES 2\(\)	(NO
NA NA	10e. STREET AND NUMBER						ZIP CODE				_		VHAT COUNTRY?	
FUNERAL	25 Benn Way						123					S.A.		
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	YES XXN	MED	13.				NIC ORIGIN? (in, Puerto Ric		or No-	14. RACE Black	E — American Indi c, White, atc.	an,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2XXNO	Specify	y:			Speci		
	15, DECEDENT'S	EDUCATION	16a DE	CEDENT'S	LISUAL	CCUPATIO	N		18h K	IND OF BUS	INESS/IND	Whi	lte	
	(Specify only highest (Elementery/Secondery (0-12)		(GI	ive kind of Do NOT u	work done so retired.)	during mos	t of workin	g	100. K	110 OF BOS	MVE35/ MVE	,001H1		
P	12 Years	2 Years		each	er				Sc	hoo1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last		1 1	-uci	C 1		18. MOTA	IER'S NA	ME (First, Mid					_
	Oscar	н	ellekso	n n			Eli		,			bcod	rk	
BE	19e. INFORMANT'S NAME (Type/Print)	**			ADDRES				Route Number.	City or Town			21234	
5	Norma M. Mill	ler		2915	Co	nrov	Co	urt	Balt	imor	e. 1	Mari	/1234 /1and	
	20a METHOD OF DISPOSITION 1A Ruriel 2 Cremetion 3		20b. PLACE	OF DISPO				-	Dare		CATION —			
	1 Donetion 5 Other (Specify)	Removal from State	- Plai	nszie	⊃w (eme	terv	,					S.Dako	t a
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	- I Lul	11 4 1.	22	. NAME AN	D ADDRE	SS OF FA				C 11 /	o. Dano	<u>ou</u>
	Johnson Funeral Home													
	8521 Loch Raven Blvd. Towson, MD21204													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. Liet only one cause on such line.												Approxim interval E Onset an	Between
	disease or condition resulting in death)	. CANO	10 PUL	MU	UMR	Y	An	1205	7				Immo	const
	Tooling in dealing	a. CANO DUE TO b. Sen DUE TO	(OR AS A CONSEC	OUENCE C	F):									
Z	Sequentielly ilst conditions,	To SEN	1165	Br	AIR	1	54	NU	RUM	(-			109	67919
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING			QUENCE C	F):								1150	
2	CAUSE (Disease or injury	a ASCI	(OR AS A CONSEC	OUENCE C	NE):								13 7	115
Ē	that initiated events resulting in death) LAST	352.10	(OII NO A GOIIGE	WOEHOL C	,,,.								į	
岗		d											1	
CAL	PART II. Other significent cond	litione contributing to	death but not r	resulting	In the u	inderlylng	ceuse	given in	Part I. 2	4e. WAS AN PERFOR		24b	WERE AUTOPSY I	
									,	YES 2			COMPLETION OF OF DEATH?	
MED													1 TYES 2 TH	NO
									_					
A	25. WAS CASE REFERRED TO MEDICA	AL				26. PL	ACE OF D	EATH (Ch	eck only one)					
PHYSICIAN:	EXAMINER? 1 YES 2 100	HOSPITAL:	ER/Outpetient 3	DOA	OTHE		5 🗆 Re	esidence	a 🗆 Other (Specify				
H	27. MANNER OF DEATH	28e. DATE OF		28b. TII	WE OF	28c. INJU	JRY AT			RIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pending	(Month, D	ray, 19a/)		M	1 🗌 Y	ES 2	NO						
ЭВУ	2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE O	F INJURY — At ho	ome, ferm,	street, fa	ctory, office					end Number	r or Rural	Route Number,	
Ē	4 Homicide determine		ate. (Specify)						City or	Town, State)				
COMPLETED	290. CERTIFIER	PHYSICIAN: To the best of	my knowledne de	ath occur	rad at the	time dete	and place	and due	to the course	(a) and mar	anar na stai	ted		
M	anal	MINER: On the basis of e											e) and manner ee	stated.
	29b. SIGNATURE AND TITLE OF CER													
BE	TR 0/ 1/11	1 140	1-				00	ENSE NUI	917		29 d. DAT	SIGNED -	3 - 90	,
2	30. NAME AND ADDRESS OF PERSO	WHO COMPLETED CALL	ATT SE DE DEATH (ITE				00	0	1.1		<u> </u>		3 /0	
		anners In	MO	m ar) (190 1 23 1	, rana	2) 15	n n	(-	Rui	RM107 BACTO MD 21201				
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	1-1	w.	1401	120	9	11/	- /	124	10	. 11.7 1	2
				20 1										
	- JUL U 1980	Gertin Karis	and photos	6									ДНМН -	16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 . 2, 3 should	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL I	TO THE FUNERAL (be filed within 72 h	MPORTANT: If I	

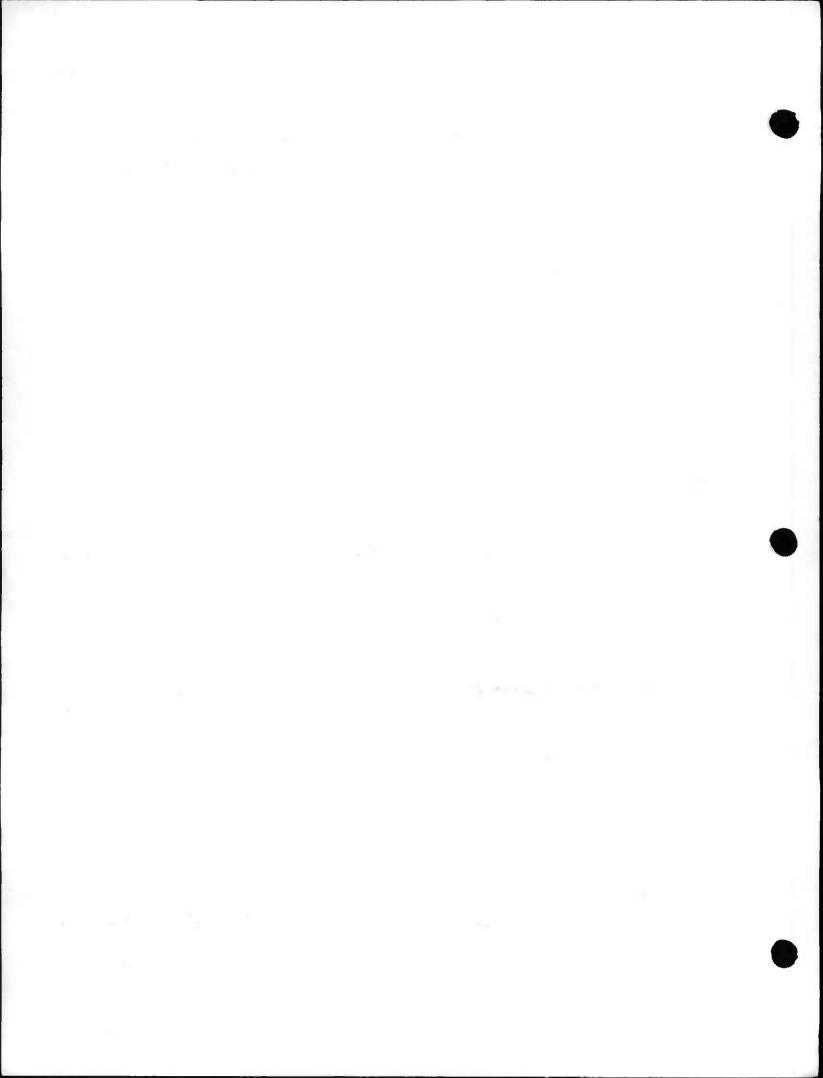
1	STATE REGISTRAR	STATE OF N		DEPAR ERTIF						IYGIENE REG. NO.				
	DECEDENT'S NAME (First, Middle, Lest)			JEIII II		tzop			2. DATE OF	DEATH			3. TIME OF DEATH	
1	Deborah	Ann			Holtzo				MONTH 7	MONTH DAY		YEAR	12:05 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BIRTH	T	6. BIRTHI	PLACE (State or Foreign	
į	220-68-0061	1 □ M 2 万天	34	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	16,19	56	Oh:	ío l	
	9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,	TOWN O	R LOCATIO	ON OF OE			9c. COUN	TY OF DE	EATH	
٣ ا	37 Coolbreeze Dr.				1	Midd	le R	iver			Baltimore			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			I 40. 017							10d. INSIDE CITY			
뿔		altimore		10c. CII	10c. CITY, TOWN OR LOCATION Middle River					LIMITS?			LIMITS?	
2	104. STREET AND NUMBER			1	10f. ZIP CODE						10a CITIZ	EN OF W	HAT COUNTRY?	
RA	37 Coolbreeze Drive				21220						tog. Of the	USa		
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			ARMED	13,	WAS DEC	ENDENT O	F HISPANI	IC ORIGIN? (S	Specify Yea	or No—	14. RACE	American Indien, , White, atc.	
	1 Never Merried 2 Merried FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES			NO				, Puerto Rica	Puerto Rican, etc.)			Black, White, atc. Specify:		
₩										White			White	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		(Give kind of	Give kind of work done during most of working					Bb. KIND OF BUSINESS/INDUSTRY				
91	Elementery/Secondary (0-12)	College (1-4 or 5	·)		n. Do NOT use retired.)					C&J G	ranh:	ice		
COMPLETED	12th			LINCE	inter							100		
8	17. FATHER'S NAME (First, Middle, Last) John A. Haag				18. MOTHER'S NAME (First, Middle, Maiden Sumame) Sallie Humphrey									
B	19e. INFORMANT'S NAME (Type/Print)			195 MAII INC	AILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	John Haag												and 21221	
	20e. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO	SITION (Na	me of cen	netery, crem				ATION —			
	M Buriel 2 □ Cremation 3 □ Removal from State Other pl			ak LAw	LAwn Cemetery Baltimore						re M	d.		
	21. AT INATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY (Connelly Funeral Home 300MACeAve. 21221													
	1 hours of the Fr		1 Ha	01	1/	Con	ne]]	y Fu	neral.	Home	300	MACE	Aye. 21221	
	23. PART I. Enter the diseases, or o				not enter							_	Approximate	
	ehock, or hear failure. Liet only one ceuse on each line. Interval Between Onset end Death													
	diseese or condition Contact Shotgun Wound of Chest													
	DUE TO (OR AS A CONSEQUENCE OF):													
z	b.													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate													
2	CAUSE (Disease or injury oue to (OR AS A CONSEQUENCE OF):													
	that initiated events resulting in deeth) LAST	OUL IC	(On AS A CON	SECOLINOE (<i>n</i> ,.									
8		d												
CAL	PART II. Other significant condition	ART II, Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO							AVAILABLE PRIOR TO					
							_		_ 1	1 X YES 2 □ NO COMPLETION DF CAUSE DF DEATH?				
MED									_	1 [X YES 2 □ NO				
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			eck only one)					
ΙΥS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		1 3 □ DOA 28b. TI		_	URY AT	eeldence	8 Other (S	Specify)	I II IBY OC	CURED		
	1 Natural 5 Pending	(Month, i	Day, Year)	II.	JURY	WC	PRK?	, NO E	-					
B	2 Accident Investigation 3 Suicide Could not be	284 PLACE OF INJURY - ALD			JUSY — At home, farm, street, factory, office 28f.			28f. LOCAT	subject was shot. 281. LOCATION (Street and Number or Rural Route Number,					
B	3 ☐ Sulcide 8 ☐ Could not be determined building, etc. (Specify)			City or Town						preeze Dr.,Balto.Co.,Md				
COMPLETED	An Appropria													
MP	208. CERTIFFIER (Check only One) 25 MEDICAL EXAMPLE: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ea stated. (Check only One) 25 MEDICAL EXAMPLE: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.													
8														
	296. SIGNATURE AND THE WOR CERTIFIE	1	_		29c. LICENSE NUMBER 29d. DATE SIGNED (Mont			(Month, Dav. Year)						
B	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LIC		_		29d. DAT			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE 30, MAKE AND ADDRESS OF PERSON WI	/	JSE OF DEATH	(ITEM 27) (Typ	e, Print)		29c. LIC	OCMI	_	-	29d. DAT		(Month, Day, Year)	
ω	18100	O COMPLETED CAN	OSE OF DEATH		e, <i>Print</i>)	Penn			Ε	Baltir	•	7/		



0	emit. Pag	
BALTIMORE, MARYLAND 21203-3146	on the frame	
D 21203-3	ospital or attending thed for use as the	
IARYLAN	etained by the ho	otified at once
MORE, N	Page 6 may be ril director, page 5	ner must be n
BALT	ours after death.	nedical exami
	hin 24 m tefy filled	t, the r
3146,	cuted with	ic even
0X 13	e be exec	traumal
O. B	certificat iding phy	rygiene p
S, P.	the death	injury, c
ORC	that ed by	a a
	sign	WS 3
L REC	law requires has been sign	Dept. of Health
VITAL REC	MAN: The taw requires	or item 23 shows at
OF VITAL REC	G PHYSICIAN: The law requires or this certificate has been sign	th with the State Dept. of Health narked, or item 23 shows at
ISION OF VITAL REC	TTENDING PHYSICIAN: The law requires TOR: After this certificate has been sign	after death with the State Dept. of Hearth 28 is marked, or item 23 shows at
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TAL OR ATTENDING PHYSICIAN: The law requires AL DIRECTOR: After this certificate has been sign	72 hours after death with the State Dept. of Health If item 28 is marked, or item 23 shows at
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending any the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Autor sansk begint. Pag	be filed within 72 hours after death with the State Dept. or Hearth and Methal Hyglene prior to burdat, chemation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF I	HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF	DEATH	REG. NO.

•	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	CATE C	F HEALTH AND I	MENTAL HYGIEN				
	1. OECEDENT'S NAME (First Middle, Last)					2. DATE OF DEATH		3. TIME OF	DEATH /	
	Dorothy Elizabeth	Hands				MONTH D	9	EAR 31	70 Pu	
			yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State	or Foreign	
		M 2 X F 65		MONTHS DA		(Month, Day, Year) 3-25-2		Country) Maryland	ı I	
	9a. FACILITY NAME (If not institution, give street	7 7 33		Sh CITY TO	WN OR LOCATION OF OR		9c. COUNTY			
or I		and numbery	- 1			-Ain	St. COOKIT	OF BEATH		
DIRECTOR	St. Agnes Hospital			ваті	imore		<u> </u>			
	10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR L	OCATION			10d. INSIDE	CITY	
E	Maryland			Balti	nore			1 (X) YES		
	10e. STREET AND NUMBER		Dartr	10f. ZIP CODE		I 10g. CITIZEI	N OF WHAT COUNT			
MA	414 S. Gilmor Street				212	23	11	S.A.		
FUNERAL		. WAS DECEDENT EVER IN U	I S ARMED	13 WMS	OECENDENT OF HISPAN			. RACE America	n Indian	
5	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If ye	s, specify Cuban, Maxica	n, Puerto Rican, atc.)		Black, Whita, atc.		
BY	3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES			טי	YES 2 XNO Specify	γ:	Specify: White			
	15. DECEDENT'S EDUCATI	ON 1	6a. DECEDENT'S	USUAL OCCU	PATION	16b. KINO OF BU	SINESS/INOUS			
E	(Specify only highest grade con Elementary/Secondary (0-12)	oflege (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done durin a ratired.)	g most of working					
2	8th grade	unege (1-4 til 3 +)	F	actor	y Worker	Barsi	lona			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-	ME (First, Middle, Maider				
Ö	Louis DuBritton				Gertru	de Bentz				
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
2	Juanita Nickol		277- 12770		ing Wood R			, MD 210)61	
	20s, METHOD OF DISPOSITION	20b. F			of cemetery, crematory or			y or Town, State		
	1 N Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State	other place)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Day 43		Hubbard Funeral Home, Inc.							
	Sunhe	win			7 Wilkens			MD 2122	29	
	23. PART I. Entar the diseases, or com			ot antar the	mode of dying, suc	h as cardiac or resp	oiratory arres	t, Appr	roximate vai Between	
- 1	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Interval Between Onset and Deeth									
	disease or condition resulting in death) a	Dulmon	any es	4100	lus			h	us !	
	PUE TO (OR AS A CONSEQUENCE OF):									
z		- leucophic serves								
임	Sequentielly list conditions, If any, leading to immediata DUE TO (OD AS A CONSEQUENCE OF):									
3	CAUSE, Enter UNDERLYING CAUSE, Enter UNDERLYING CAUSE, Enter University of Small cell cancer y lung									
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): /									
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
S	andres direct								PRIOR TO ON OF CAUSE	
								OF DEATH?	1	
×	1 Tes 2 Tes								2 100	
Z										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YS	1 YES 2 1	1 Popularity 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
H	27. MANNER OF DEATH 1 Notice 1 Pending	(Month, Day, Year)	26b. TIM	URY	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
В	2 Accident Investigation	M 1 YES 2 P								
0	3 Suicide 6 Could not be	— At home, farm, : (y)	At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ETE	Tometo vetalimie	4 Homicide detarmined								
PL	Crieck only									
COMPLET										
E C	29b. SIGNATURE AND TITLE OF CHATPLER	1	1		29c. LICENSE NUMBER 29d. DATE SIGNED (Monthly			SIGNED (Monthy Day	y, Year)	
m	manni	n M	P		1)/8.	58+ 1		7/190		
2	30. NAME AND ADDRESS OF BERSON WHO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Туре	, Print)	0 1	44	1 11	C	-	
	MAN E	200m	1373	900	Perton	AND I	Salt	M	21228	
	31. DATE FILED (Month, Day, Year)	TO REGISTRAR'S SIGNA	TURE						/	
	.IIII n.6 1990	guia Davidson	- Handall							



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 at a first death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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7)	4

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		WENTAL HYGIEN REG. NO.	E		
ı	1. DECEDENT'S NAME (First, Middle, Last)	ast)				2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
ĺ	VERNON	LANGHORNE	H	YLTON		JULY 04 1990 9:30 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)		
	223-36-7958	1 M 2 □ F	60 'YRS.	MUNITE DATE	MUUHa min.	Jan. 22 1		Virginia	
	9e. FACILITY NAME (If not institution, give				OR LOCATION OF OE	ATH		Y OF DEATH	
P	North Arundel Hospit	tal,301 Hospital	Drive	Glen B	urnie		Anne /	Arundel	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ту	10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY	
	Maryland An				P			LIMITS?	
ا ب	10e. STREET AND NUMBER	iic iii diidei	1 010	en Burni	01. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
III	601 Marlboro Roa	d			21061		USA		
FUNERAL	11. MARITAL STATUS	12. WAS OECEOENT EVER			CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		4. RACE — American Indien, Black, White, atc.	
	1 Never Married 2 X Married	FORCES? 1 V YES	2 NO		specify Cuban, Maxica S 2 X NO Specify			Specify:	
BY	3 Widowed 4 Divorced	1948-1952						White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S (Give kind of	WORK done during in use retired.)	FION nost of working	16b. KIND OF BUS	SINESS/INDU:	STRY	
E	Elamentary/Secondary (0-12)	College (1-4 or 5+)		ise rearea.)					
MP	12th 17. FATHER'S NAME (First, Middle, Last)	None	NSA		40 MOTHERIS NA	Civil ME (First, Middle, Maiden		ce	
			II-1 4			ME (First, Middle, Maiden	Sumama)	0	
BE	Charles 19a. INFORMANT'S NAME (Type/Print)		Hylton	ADDRESS (Street	Elsie	Route Number, City or Tow	n State Zin C	Owen	
2	Sylvia M.	Hylton		Same as		Toda Hambo, only or too	ri, orano, asp o		
	20a. METHOD OF DISPOSITION		b. PLACE OF DISPO		semetery, cremetory or	20c. LO	CATION — CI	ty or Town, State	
	1 XBuriel 2 ☐ Cremetion 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	other place)		rans Ceme			le, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	CENOCE			AND ADDRESS OF FA		WHOVII	re, naryrana	
	► 12X/a	all			ETON FUNE	ERAL HOME	BURNI	E. MD 21061	
	23. PART I. Entar the diseases, or	complications that cause. List only one cause on							
- 1	IMMEDIATE CAUSE (Finel	0.		7 .	11			Onset and Death	
	diseese or condition resulting in death)	a. Caran	A CONSEQUENCE	Not C	Majo	e dec	4		
		DUE TO (OR AS	A CONSEQUENCE	OP):	^	- 0 X			
Z	Sequentielly list conditione,	2 6	0						
CERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING	October 25	A CONSESURACE	Y Co	when	- Heart	tail	ein	
E	CAUSE (Disease or injury that initiated events	DUE TOD (OR AS	A CONSEQUENCE	OF): /	8 10	-	,		
E	resulting in death) LAST	Clum	in Ky	whoch	ste Ven	Leur	wil	el I	
CE		Acq	ee 19	an 1	key				
AL	PART II Other significant condition	ons contributing to charts		in the underly	ing cause given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
음	Jacomocy 9	a fun	envery	Su	fretig	1 🗆 YES	2 A O	OF DEATH?	
ME	Joann a	yselfer x	exile	men				1 TYES 2 NO	
BY PHYSICIAN: MEDIC		7							
$\frac{2}{2}$	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (Ch	neck only one)			
IYS	1 TYES 2 THO 27. MANNER OF DEATH	inpatient 2 ER/Ou			ome 5 - Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN HISY OCCI	IREO	
픕	1 Natural 5 Pending	(Month, Day, Year)	200. 11	JURY	WORK?	284. DESCRIBE NOW	INJUNI OCC	JAEO .	
	2 Accident Investigation 3 Suicide & Could not b	28a, PLACE OF INJUI	RY — At home, farm			281. LOCATION (Street	and Number of	or Rural Route Number,	
COMPLETED	4 Homicide 8 Could not b	building, atc. (Sc	pecify)			City or Town, State)	The second of th	
	29e. CERTIFIER	/SICIAN: To the best of my kno	uuladaa daeth aaau	and at the time of	ets and place, and du	to the course(s) and me	nner en elele	4	
MP	(Critical Unity							cause(a) and manner as stated.	
8	296- SHONATURE AND THE OF CENTRE	$\overline{}$	200 500	A SALES	29c, LICENSE NU		_	SIGNED (Month Ding, Year)	
W .		eth			DO ST	13	b	7/5/90	
P	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Total	oe, Print)	JUV V		4	/ 1//	
	/	0,11,01,01		-,			1		
	31. DATE FILED (Month, Day, Apar)	wie Barfdestung	Stable 3				-	-	
		WILLIAMS LANGE.							

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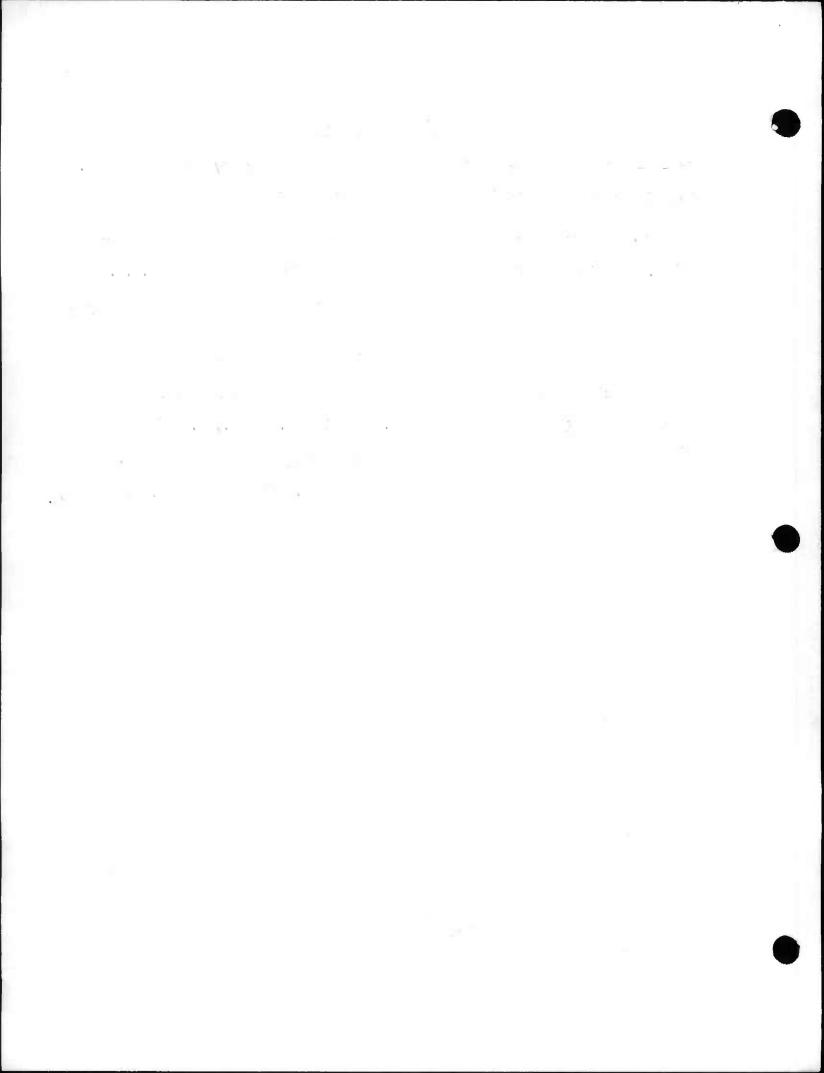
1 - STATE REGISTRAR

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2 2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. DOA 13149,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m
\equiv	OR
	OSPITAL

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Frances Kathryn Heinle 4 1:45 Frances 6. AGE (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 🗌 M 2 屎 F 213-74-9033 Md. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center Baltimore (ity DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE 10b. COUNTY Md. Baltimore 1 CYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 737 S. Conkling Street U.S.A. 21224 page 5 should be detached for use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify. White BY 3 Widowed 4 Olvorced COMPLETED 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) At Home Housework notified at once. 17. FATHER'S NAME (First, Middle, Last) Francis lizabeth Buettner Lutz 19a. INFORMANT'S NAME (Type/Print) 9 Conkling St. Betty Tetkoski pe 20a, METHOO OF OISPOSITION
1 Derivation 2 Greenation 3 20c. LOCATION - City or Town, State must director, 1 Sacred Heart of Jesus Cemetery □ Donation 5 □ Other (Specify) 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral Charles S. Zeiler & Son Inc. Eastern Ave. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata filled in by shock, or heart failure. List only one cause on each line. intarvai Between 00 **Onset end Deeth** IMMEDIATE CAUSE (Finel completely filled rial, cremation, o injury, or other traumatic event, the disease or condition Cardio Dulmmary
DUE TO (OR AS A CONSEQUENCE OF): Immediate reaulting in death) Congestive heart attending physician and con rtal Hygiene prior to burial, CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): 2 days DIE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST certificate has been signed by the attention the State Dept. of Health and Mental PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Abrillation COMPLETION OF CAUSE OF DEATH? 23 shows any 1 TYES 2 NO dementio 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL:
1 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 5 Pending Investigation 1 Natural М 1 YES 2 NO : After the death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined .00 ETED FUNERAL OIRECTOR: within 72 hours after 4 Homicide 28 Item 2 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL TO THE FUNERAL (be filed within 72 h 2 MEDICAL EXAMINER: On the basis of 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE D33316 Varlow mo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Francis scitt key medical Center Beller toni Francy 4940 EASHIN 31. DATE FILED (Month, Dey, Year) Julia Davidson Thingson The 06

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPARTI	MENT OF H	EALTH AND N		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	Harris	/				2. DATE OF C	DEATH DAY	YEAF 90	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 578-07-5432	5. SEX 6. AG	SE (In yrs. Ins		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)	HRTH y, Year) 4-/90	8. Bif	RTHPLACE (State or Foreign untry) Vew York	
OR	See FACILITY NAME (It not institution, give st Levendale Genetice	etr & Hospin	Tal	9	Balt	R LOCATION OF DE	ATH	90	COUNTY O	F DEATH V	
DIRECTOR	10e. STATE 10b. COUNTY	,			TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 PS 2 NO	7
AL D	10e. STREET AND NUMBER	-0/		Da		ZIP CODE		10	g. CITIZEN O	F WHAT COUNTRY?	\dashv
FUNERAL	67/5 Westbrook	12. WAS DECEDENT EVE	RINIIS AF	PMED	I 13 WAS DEC	21215 ENDENT OF HISPAN	IIC OBIGINS (S	necity Yee or h	2/5	7.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	ES 2 74		If yes, sp	city Cuban, Mexical 2 NO Specify	n, Puerto Ricar		S	ACE — American Indian, lack, White, etc. pecify: 1ack	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		/G		SUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						
	17. FATHER'S NAME (First, Middle, Lest) William	Bulloc	k			16. MOTHER'S NAME Bets		e, Maiden Sum Bur	rell		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Louise	Owens	19	6715	Westbi	nd Number or Rural F	• Bal	City or Town, St	ete, Zip Code) Md •	21215	
	20s METHOD OF DISPOSITION 2 Suriel 2 Cremation 3 Rem 4 Oonation 5 Other (Specify)	oval from State	20b. PLACE MEL	of disposition of the original original original original original original original original original origina	OSITION (Name of cemetery, crematory or Lovet Cem. 20c. LOCATION — City of Washing					ton, D.C.	
	21. SIGN THE OF FUNERAL SERVICE LIC	a. Mo	ton	,		io appress of FA S A. Mo Lauren				Md. 21217	
-	23. PART . Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or a. DEM	ENT	· A	t enter the mo	de of dying, suc	h as cardiac	or respirato	ory arrest,	Approximate interval Betwee Onset and Deal	
Z	DUE TO (OR AS A CONSEQUENCE OF):										
CATIC	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.										
CERTIFICATION	that initiated events reaulting in death) LAST	DUE TO (OR A	IS A CONSE	OUENCE OF):							
	PART II. Other aignificant condition	ns contributing to deat	h but not	resulting in	the underlyin	g cause given in		n. WAS AN AUT PERFORMEI	D?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	S
PHYSICIAN: MEDICAL							_			1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	ACE OF DEATH (Ch	eck only one)				\exists
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 □ ER/O	RY	28b. TIME	OF 28c. IN.	e 5 🗆 Residence	T	pecify) BE HOW INJU	RY OCCURE	D	\dashv
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	er)	INJUF		YES 2 NO					_
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At h Specify)	ome, farm, str	eet, factory, offic	e		ON (Street end lown, State)	Number or Ru	iral Route Number,	
COMPLET	CONSTRUCTION OF THE STATE OF TH	ICIAN: To the best of my k								use(e) end manner se atated.	
띪	296. SIGNATURE AND TITLE OF CERTIFIE	1 0. 26	w,	m	?	29c. LICENSE NUI	MBER 7037	25	M. DATE SIG	HED (Mortin, Day, Must)	
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	DEATH (ITT	EM 27) (Type) F	+ FBR	FW CERI	ATRIC	CENTE	R + 1	Hospin 212,	N
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S S	SIGNATURE	7/1.				1			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be negligible.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATN		3.	TIME OF DEATH	
	Charle	s Thomas HAI	RRISON	Jr.		6	/ 28	″/ÿ	AR O	6:50 A M	
	4. SOCIAL SECURITY NUMBER						F BIRTH Day, Year)	6.		CE (State or Foreign	
	Unavailable	1 基 M 2 □ F	78 YRS.	MONTHS DAYS	HOURS MIN.	June		1912 I	ewis	Co., WV	
	9e. FACILITY NAME (If not institution, give a				OR LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	н	
OR	Franklin Square	Hospital		Balt	imore			BA1	timo	re County	
ECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c. CIT	Y. TOWN OR LO	ATION					I. INSIDE CITY	
DIR	Maryland n	/a		ltimore						LIMITS? YES 2 NO	
	10e. STREET AND NUMBER				10f. ZIP CODE			10a, CITIZEN		COUNTRY?	
FUNERAL	71 Henderson Ro	oad			21220)			A.		
Ž	11, MARITAL STATUS	12. WAS DECEDENT EVER IS	N U.S. ARMED		ECENDENT OF HISPAI			or No- 14.	RACE -	ACE — American Indian, lack, White, etc.	
	1 Never Married 2 Married	FORCES? 1 X YES			specify Cuban, Maxica ES 2 X NO Specifi		can, etc.)				
BÁ	3 Widowed 4 Divorced	I WW II							Whit	ie	
ETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION a completed)	16e. DECEDENT'S (Give kind of	work done during se retired.)	TION most of working			INESS/INDUST			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Emp loy			\ \		irgini		epartment	
O	FATNER'S NAME (First, Middle, Last)		Finbro	766					,		
	Charles T. Hari	rison			18. MOTHER'S NA	a Bear		Surname)			
翻	NFORMANT'S NAME (Type/Print)	13011	10h MAII IM	ADDRESS /Street	nt and Number or Rural			e Ctate 7in Co	dal		
21	Shirley Hall (da	aughter)	2.00		cond St.,						
	200. METHOD OF DISPOSITION	200			cemetery, crematory or			CATION — City		State	
	12℃ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	Miller (Cemeter	7					Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE /			AND ADDRESS OF FA					-	
	10-	2 V	21		apitol Fun			Lce			
-	23. PART I. Enter the diseases, or	complications the cause	LILLAX		alls Churc					I Amanufmata	
	ahock, or heart failure.	Liet only one cause on e	ach line.	not enter the i	node of dying, auc	n aa cardi	ac or respi	ratory arrest	,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	A . A								Onset and Death	
	resulting in death)	. Acute Abdor	MINAI AO	rtic ui	ssection						
		Peripheral			50					İ	
RTIFICATION	Sequentially list conditions, if env. leeding to immediate		A CONSEQUENCE O		36						
¥	ceuse. Enter UNDERLYING	•									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	O (OR AS A CONSEQUENCE OF):								
LL L	resulting in deeth) LAST	d									
<u> </u>	PART II. Other significant condition	ns contributing to death i	out not resulting	in the underly	ing cause given in	Part I.	24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
₹		Heart Failur					PERFOR	RMED?	AM	AILABLE PRIOR TO IMPLETION OF CAUSE	
MEDIC		ular Disease				_	1 YES 2	NO NO	DF	DEATH?	
	Junctival B					-			1	TES 2' NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1		26	PLACE OF DEATH (C/	neck only one	1				
	EXAMINER?	HOSPITAL:	nation 3 🗆 DOA	OTHER:	ome 5 🗆 Residence		,				
<u> </u>	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TII	ME OF 28c.	INJURY AT			NJURY OCCUP	ED		
2	1 Natural 5 Pending	(Month, Day, Year)	16	M 1 [WORK? YES 2 NO						
	2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE OF INJUST		atreel, factory, o	ffice		TION (Street a	and Number or	Rural Rout	e Number,	
4	4 Nomicide determined	training, etc. (ope	City)			City of	i lown, Stalle)				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the beat of my know	viedge, death occur	red at the time, o	ate end place, end du	to the caus	e(a) end mai	nner as stated.			
8	2001	IER: On the basis of examination							ause(e) er	nd manner ee stated.	
	286. SHONATURE AND THEY OF CENTIFIE	BI			29c. LICENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Year)	
BE	CVIII				13699	4		D 6	1281	190	
2	30. NAME AND ADDRESS OF REBSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)					- 1	-	
	Ds, James Wolf	9712 Belair	Road Ba	ltimore	, M.D. 21	236					
	31. DATE FILED (Month Day Year)	132 MEGISTRAR'S GIA	NATURE								
	JUL 0 6 1990	Indian later - 1									

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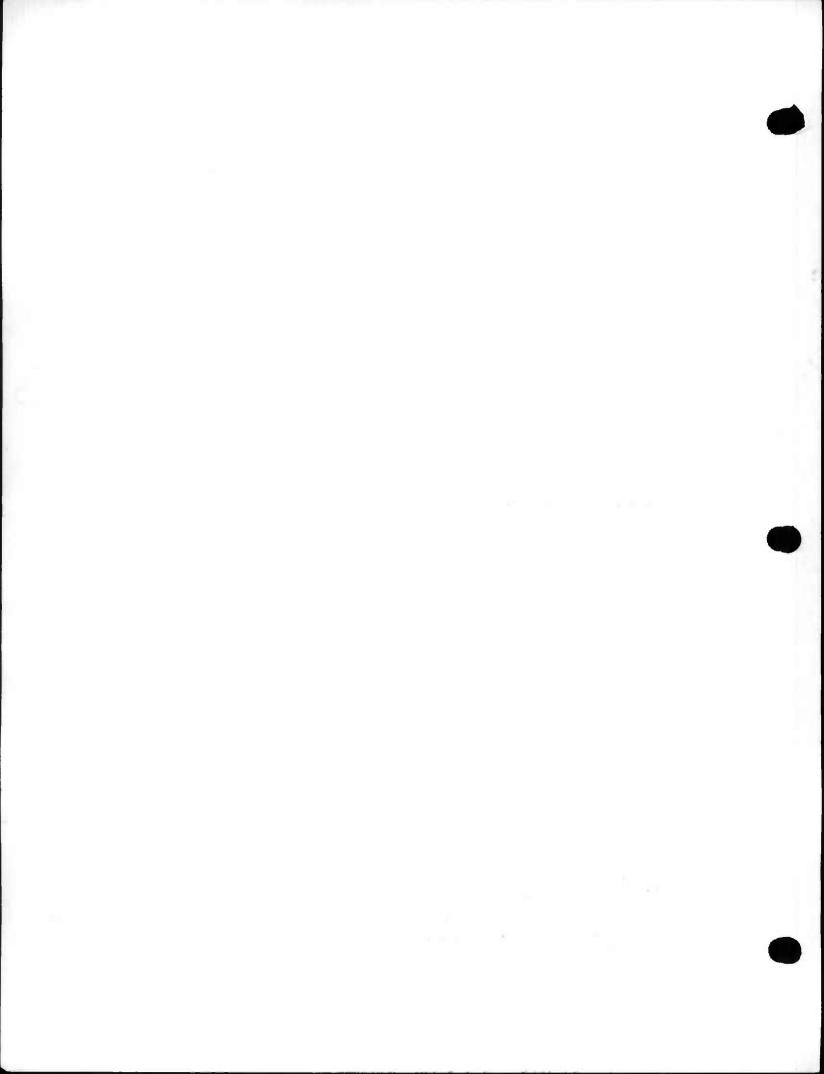
retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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death (аттепо	mral H
the	/ the	n Ma
that the	ed by the	h and Me
nires that the	signed by the	Health and Me
v requires that the	been signed by the	t of Health and Me
e law requires that the	has been signed by the	Dent of Health and Me
N: The law requires that the	ficate has been signed by the	State Dent of Health and Me
SICIAN: The law requires that the	certificate has been signed by the	the State Dent of Health and Me
PHYSICIAN: The law requires that the	this certificate has been signed by the	with the State Dent of Health and Me
DING PHYSICIAN: The law requires that the	After this certificate has been signed by the	death with the State Dent of Health and Mil
ITENDING PHYSICIAN: The law requires that the	TIDR: After this certificate has been signed by the	ofter death with the State Dent of Health and Me
DR ATTENDING PHYSICIAN: The law requires that the	DIRECTOR: After this certificate has been signed by the	thouse after death with the State Dent of Health and Mil
PITAL DR ATTENDING PHYSICIAN; The law requires that the	RAL DIRECTOR: After this certificate has been signed by the	72 hours after death with the State Dent of Health and Mil
HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the	FUNERAL DIRECTOR: After this certificate has been signed by the	within 70 hours after death with the State Dent of Health and Mil
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modules after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page:	flad within 70 hours after death with the State Dent of Health and Ms

		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIEN REG. NO.			
	,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH	
	ĺ	KENNETH	L.		INGRAM		7 3	90	3:18 -A	M
	1	4. SOCIAL SECURITY NUMBER 579 90 3360		(In yrs. lest birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	HRTHPLACE (State or Foreign ountry)	7
		9e. FACILITY NAME (If not institution, give s	21 2	9 2141	9b. CITY, TOWN O	R LOCATION OF DEA	November 1	9c. COUNTY	Wash.,D.C	
	OR	Prince George's General Hospital Cheverly Prince George's								
	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	γ	10c. CITY	, TOWN OR LOCAT	ION			10d, INSIDE CITY	=
	- 41	Maryland Prin	ce Georges	Cap	itol Hei	ghts,			1 YES 2 NO	
	FUNERAL	104. STREET AND NUMBER	0.4		101.	20743			OF WHAT COUNTRY? STATES	
	NE I	#7 Cindy Lane #2	12. WAS DECEOENT EVER I		13. WAS DECI		C ORIGIN? (Specify Yes	or No.— 14.1	RACE — American Indian.	_
	BY FI	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			city Cuben, Mexican 2 NO Specify:	Puerto Rican, etc.)		Bleck, White, etc. Specify:	
	- 11	15. DECEDENT'S EDU	CATION	180 DECEMENT'S	USUAL OCCUPATIO	an and an an an an an an an an an an an an an	18b. KIND OF BU		lack	
	COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)		(Give kind of w life. Do NOT us	rork done durina mos	st of working	IOD. KIND OF BU	SINESS/INOUSTI	N1	
ಪ	MPL	12		Truck D	river		Auto dea	lershi	р	
notified at once		17. FATHER'S NAME (First, Middle, Last) LEROY INGRAM					E (First, Middle, Maiden	Surname)		
fled a	B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Tow	n, State, Zip Cod		
noti	2	MARY B. INGRAM ((MOTHER)	5300 C	aswell A	venue, C	amp Spring	gs,MD 2	0746	
medical examiner must be		20a, METHOO OF DISPOSITION 1 ABurlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oyal from State	b. PLACE OF OISPOS other place) CEDAR HIL	THE STATE OF THE S	Service Contract		CATION — City	or Town, State MARYLAND	
E H	Í	21. SIGNATURE OF FUNERAL SERVICE LI		EDAK HIL		ID ADDRESS OF FAC		LLAND,	PIARTLAND	_
exami		· Alacd.	Also It	7 M85			POPE FUNEI		E DC 20020	
lical		23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do n					Approximate	
		ehock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) disease or condition								
nt, the		resulting in deeth)	a. Gunshot I	Wound to						
c eve	_		DUE TO (OR AS	A CONSEQUENCE OF	-).				ļ	
nmat	TIO	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF	ም):		-			
le tra	FICA	CAUSE (Discessor Injury C. OUE TO (OR AS A CONSEQUENCE OF):								
or other traumatic event,	CERTIFICATION	resulting in desth) LAST	d					_		
injury,	AL CE	PART il. Other significent condition	ns contributing to death i	but not reculting I	in the underlying	g ceuse given in i			24b. WERE AUTOPSY FINDIN	GS
	EDICA						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	E
shows any	ME								1 💢 YES 2 🗌 NO	
記		25. WAS CASE REFERRED TO MEDICAL	1		0.0	ACE OF DEATH (Che	ok oak oas)			
iter.	PHYSICIAN:	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	e 5 Residence		-		
rked, or	ЭНХ	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, INJ		28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
marke	ВУ	1 Naturel 8 Pending 2 Accident Investigation	7-3-90 ap	prox.2:2	5A 1 0	YES 2 TO NO	Subject			
28 is mar		3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	eclfy)	king lot				Central Ave	
te T	E	29e. CERTIFIED CERTIFYING PHYS	BICIAN: To the best of my know				Capitol H		P.G. Co. MD	
IMPORTANT: If I	COMPLETED	TOTAL OF THE PARTY	ER: On the beele of examination						use(a) and manner as stated	ŝ.
ORTA	BE C	296. BIGHATURE AND TITLE OF CERTIFIE	IN .			29c. LICENSE NUM	BER	29d, OATE SI	GNEO (Month, Day, Year)	
i Wb ≡	10	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALISE OF D	EATH (ITEM 27) /5~	Print)	OCME		7	7-4-90	
		James A. Kaplar				n Street	, Baltimo	re, MD	21201 vl	
		31. JULE (1990 8	felia PATER BEAR'S AG	WHERE.						



Frank J. Peretti
31. DATE FILED (Month, Day, Year)
JUL () 0 1990

etti, M.D., Assistant

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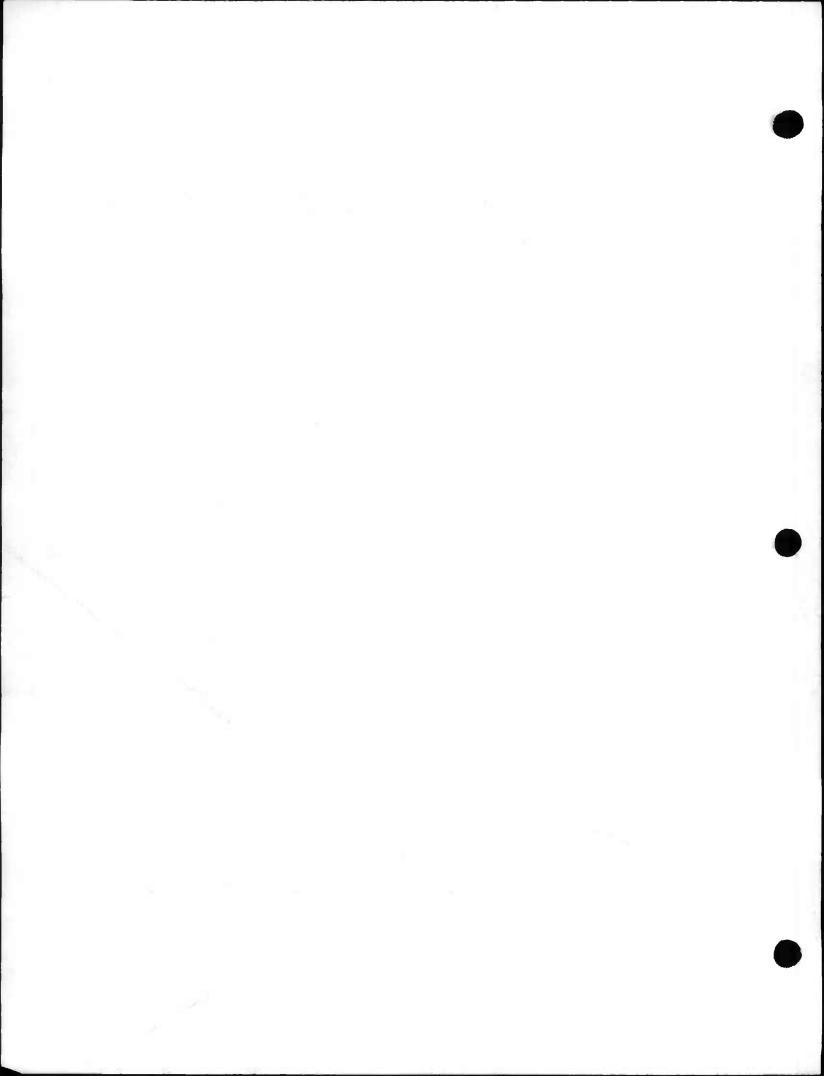
	FOR 1 - STATE	STATE OF MARYL					GIENE	0	16204
	REGISTRAR			CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) (A Y	(Antwa twan)	in) JOHNSC)N		2. OATE OF OE MONTH	DAY Y	EAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-84-5497	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BII (Month, Day, 3 - 1 1	TTH 8.		E (State or Foreign
RECTOR	98. FACILITY NAME (If not institution, give st Intersection of I Merritt Bouley	root and number) North Pt. Rd ard	and	9b. CITY, TOWN (OR LOCATION OF DE		9c. COUNTY		ore
5	RESIDENCE OF DECEDENT								
Mul	MD 10e. STATE 10b. COUNTY			TOWN OR LOCAL	E CITY			K.P	INSIDE CITY LIMITS? YES 2 NO
	3 1 29 WALLFORD	DRIVE		10	21222		1171	SA	COUNTRY?
BY FUNE	11. MARITAL STATUS Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DI	2 NO	13. WAS DEC	ENDENT OF HISPAN ecity Cubsn, Mexica 2 PNO Specify	IIC ORIGIN? (Spe n, Puerto Rican, :	ecify Yee or No— 14 atc.)	Specify:	merican indien, te, atc. $LACK$
0	15. DECEDENT'S EDUC	CATION	16e. DECEDENT'S U	ISUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/INDUS		371011
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 10th Grade	completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use Studer	ork done during mo retired.)	ost of working		mployed		
ō	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,			
	Arnold Joi	hnson			Mary		C	herry	У
8	19e. INFORMANT'S NAME (Type/Print)		405 100 100						,
2	Virginia Cher	ry					y or Town, State, Zip Co $LTIMORE$		21206
	20a, METHOD OF OISPOSITION ②□②Burlal 2 □ Cremation 3 □ Rem. 4 □ Donetion 5 □ Other (Specify)	oval from State ZOL	PLACE OF DISPOSI other place) ING MEMO	TION (Name of co. $ORIAL$	metery, cremetory or PARK CE	М.	20c. LOCATION — CITY $RANDALL$		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
	► Logodon	Warren		WM.C	. MARCH	$F \cdot H$.	1101 E.	NOR	TH AVE.
	23. PART i. Enter the diseeses, or o	complications that coused	the deeth. Do no	ot enter the mo	ode of dying, suc	h as cerdiec o	or respiratory erres	t,	Approximate
	shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on e	ach line.						Interval Between Onset and Death
	reaulting in deeth)	e. Cranioce: DUE TO (OR AS A	rebral Tr CONSEQUENCE OF						
LION	Sequentially list conditions, if eny, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	С							
CERTIFICATION	thet initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	2					
빙									
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	es contributing to death b	ut not resulting in	the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
ż									
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	eck only one)			
Sic	1 X YES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	ne 5 🗌 Residence	s X Other /Son	offy) Scene	2	
¥	27. MANNER OF OEATH	26e, DATE OF INJURY	28b, TIME		JURY AT		E HOW INJURY OCCU		
BY PI	1 Natural 5 Pending	(Month, Day, Year) 7-3-90	9:54	JRY W	YES 2 X NO		list stru		autos
	3 Suicide 6 Could not be 4 Homicide datarmined	26e. PLACE OF INJURY building, atc. (Spe	clfy)	reet, factory, officer	D O	City or Tow	Tillei	secti	ion of
			St	Teer		North	Pt. Rd. 8	Meri	citt Blvd.
COMPLETED	anal	ICIAN: To the best of my know ER: On the beele of exemination							•
	4	01							
TO BE	29h. SHOWATLINE AND ITTLE OF CERTIFIE	ung			29c. LICENSE NU		(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	7-4-9))
Ĕ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)					

111 Penn Street, Baltimore, MD

DHMH-16 Rev 1/89

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	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF			HYGIENE REG. NO.		
		N (NMI) JACKS	DN -			2. DATE OF MONTH	OEATH DAY	YEAR 90	3. TIME OF DEATH 9:14 P M
	4. SOCIAL SECURITY NUMBER 216-22-3994 98. FACILITY NAME (# not institution, give	IF UNDER 24 HRS. HOURS MIN. FOR LOCATION OF DE		27 <u>1</u> 927	Country	MD.			
DIRECTOR	FRANCIS SCOTT I	LTIMORE,				10d. INSIDE CITY			
	MD .	BALTIMORE		BALT	IMORE		100 0	TITIZEN DE V	LIMITS? 1 YES 2 HO /HAT COUNTRY?
FUNERAL	101 CENTER PLA		17:9		21222			U5	A
B≼	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexico ES 2 NO Specify	n, Puarto Rice	Specify Yee or No— en, etc.)	Black	E — American Indien, t, White, etc. Th: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) N/A	Confleted) College (1-4 or 5+) N/A		usual occupation of the control of t	TION most of working		ND OF BUSINESS/	INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)	JACKSON	22011	TOMER	18. MOTHER'S NA MARIO	ME (First, Mide	dle, Maiden Surname	0)	
10	190. INFORMANT'S NAME (Type/Print) GORDON A. JACKS(ON (SON)			t and Number or Rural I FORGE WA		INGDON,	MD.	21009
	20e. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Ren 4 Oonetion 5 Other (Specify)	noval from State	place of dispo- other place) MOST HOL	SITION (Name of A	EMER CEMET	rery	BALTI	- City or To	
	21. SIGNATURE OF FUNERAL SERVICE L	Lactne	5 h	SCI	and address of fa HIMUNEK FU Brehms I	UNERAL			. 21213
NOI	23. PART i. Enter the diseases, of shock, or heart feiture. immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e P DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE O	F):	node of dying, auc	ch aa cardie	c or respiratory	arreat,	Approximate interval Between Oneet and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.								
AL	PART II. Other aignificant condition	na contributing to death b	ut not reaulting	in the undarly	ing cause given in		48. WAS AN AUTOP: PERFORMED?		D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Impatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	26b, TIR	OTHER: 4 Nursing H	PLACE OF DEATH (C/ ome 5 - Residence INJURY AT WORK?	6 Other (S	Specify) RIBE HOW INJURY	OCCURED	
	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 1 Netural 5 Pending Investigation 2 No 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Bural Route Number, City or Town, State)							Route Number,	
COMPLETED	(Gribok Orlly	SICIAN: To the best of my know IER: On the best of exemination							e) end manner ee stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFI	han I fa	to m	D Polos)	29c. LICENSE NU	16-	Z	- 6	(Moghh, Day, Year)
	12	EN]	KAT		FS	KI	ned (en	lik
	JUL 0 6/1980 9	ia davidado							



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Washington, D.C

> Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last) JOHN CALY IN JACKSON

C.

5. SEX

IDHN

1 -

	215 16 561	9	1 M 2 - F	69	YRS.	THE DAYS	HOURS MIN.	6/30/	21		shingto	n,D.
	9a, FACILITY NAME (If not in	stitution give s	treet and number)	11/1			OR LOCATION OF	DEATH ALL	\ 9	c. COUNTY O	1	n
DIRECTOR	RESIDENCE OF DEC	EDENT	111151 11050	ifue	/ //	alom	e rack	1862		14101	140 Mes	7
R	10e. STATE	10b. COUNTY				OWN OR LOCA					10d. INSIDE LIMITS?	CITY
- 11	MARYLAND		E GEORGES		HYATT	SVILLI					1X YES 2	
RAL	10e. STREET AND NUMBER		A 37 #	1.006		10	20783			_	STATES	
FUNERAL	7401 New Ha	mpsnir	12. WAS DECEDENT EV		MED	13. WAS DE	CENDENT OF HISP	ANIC ORIGIN? (S			ACE — American	
	1 Never Married 2		FORCES? 1 X	YES 2 T		If yes, s	pecify Cuben, Mexi- S 2 X NO Spec	can, Puerto Rica	n, etc.)	В	lack, White, etc. pecify:	
ВУ	3 Widowed 4 Dive					<u> </u>	••				ack	
Ë	(Specify on	EDENT'S EDU	completed)	(G	CEDENT'S USL ive kind of work . Do NOT use re	done during m	ION lost of worlding	16b. KII	1D OF BUSIN	ESS/INDUSTR	Υ	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)				NTATIVE	U.S	. GOV	ERNMEN	ΙΤ	
5	17. FATHER'S NAME (First, A	liddle, Last)	-					AME (First, Midd				
u I	ARTHUR JA	CKSON					LOUIS	E BOND				
2	19e. INFORMANT'S NAME (Type/Print)					and Number or Rure					
-			ES (sister) 1	.736 A	St., :	S.E. Was	hingtor	_			
	20e. METHOD OF DISPOSIT 1 Burlel 2 Cremetic 4 Donetion 5 Othe	TON on 3 □ Rem	oval from State	other pl	ace)		emetery, crematory o			TION — City o		
	4 Donellon 5 Other			MT.	OLIVET		ERY	FACILITY	WASH	INGTON	,D.C.	
	-/11	1	0. }	7 m8.	59	ALEX	ANDER S.	POPE				
	23. PART I. Enter the d	P.	Tope /	4			Pennsy1					
	shock, or h	aert fallure.	List only one cause	on each line	eath. Do not	enter the m	ode or dying, st	icu es cerdied	or respira	tory strest,	Interv	ximate al Betwe and Dea
	IMMEDIATE CAUSE (FI disease or condition_	nel	CARI	DINP	111 MC	NAR	V	A-RRF	CT		Oliset	and Dec
	resulting in death)		DUE TO (OR	AS A CONSE	ULM (17/11		1 / 1 / 1	- 0			
z			· CONG	EST	IVE	CARI	DIAC	FAIL	IRE			
	Sequentielly list condi- if eny, leeding to imme	diate	DUE TO (OR	AS A CONSE	QUENCE OF):	-						
2	cause. Entar UNDERLY CAUSE (Disease or Injury that initiated events		c. DUE TO (OR	AS A CONSE	QUENCE OF):		NEUM					
CERTIFICATION	resulting in deeth) LAS	ВТ	. ACQU	IRED	IMA	UND	DEFIC	ENCY	SYN	DROM.	F	
	PART II. Other signific	ant condition	ne contributing to de	th but not				/_	a. WAS AN AL		24b, WERE AUTOR	ev EINDIN
MEDICAL	TAIT II. Ottor signific	and oondition	- Contributing to the	itii bat not	resulting in t	ne andeny	ng couse given		PERFORM	ED?	AVAILABLE P	RIOR TO
EDI	•							_ '	☐ YES 2	KNO	OF DEATH?	□ NO
								_				
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL					PLACE OF DEATH (Check only one)				
	1 YES 2 NO		HOSPITAL:	l/Outpatient		THER: Nursing Ho	me 5 🗆 Reeldend	e 6 🗆 Other (5	pecify)			
F	27. MANNER OF DEATH	Pending	26e. DATE OF INJ (Month, Day,)	URY 6ar)	26b. TIME O	Y	NJURY AT YORK?	28d. DESCR	BE HOW INJ	URY OCCURE	D	
5	2 Accident	Investigation	28e. PLACE OF IN	HADY As be	tom cin		YES 2 NO	29/ LOCATI	ON /Street and	d Mumber or Re	rral Floute Number,	
	3 Suicide 6 4 Homicide	Could not be determined	building, etc.		orne, ream, acre	et, includy, on	ice.		Town, State)	3 Number of No	rai noote namoer,	
PLET	29e. CERTIFIER (Check only	ITIFYING PHYS	ICIAN: To the best of my	knowledge, d	eath occurred a	it the time, da	te end place, end d	ue to the cause	(s) end menne	er as stated.		
COMPL	one) 2 MEI	DICAL EXAMINI	ER: On the basic of exam	ination end/or	Investigation, i	n my opinion,	death occured at 1	he time, date an	d place, end	due to the ceu	ise(e) end menne	es stated.
B	296. SIGNATURE AND TITL	E OF CERTIFIE	"MKarin	1M ~			29c. LICENSE N	18891	<u> </u>	29d. DATE SIG	NED (Month, Day,	Year)
임	30. NAME AND ADDRESS O	F PERSON WI	ARIAA	TELO	CADD.	0/1 4	HVE, T.	AKON	A PAL	2 K	MIN	
	31. DATE FILED (Month, Day	ดัก	Jante alguman's	AND THE REAL PROPERTY.	L	her 1		1 -0/06	. 1	-()	. , , ,	
- 1	1 20- 00 3	コレ オ		1000000								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

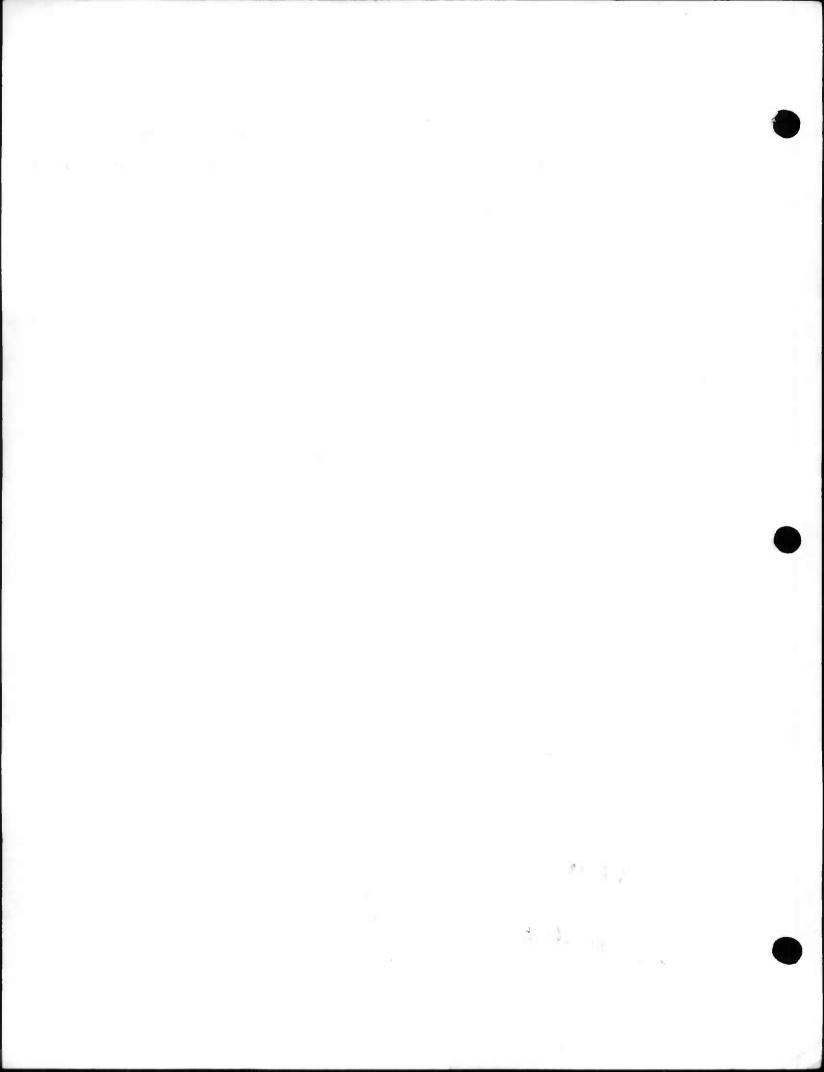
6. AGE (In yrs. just birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

ACKS01

2. DATE OF DEATH

5.45 PM

DHMH-18 Rev 1/89



TAND 21203-3146

BALTIMORE, 1

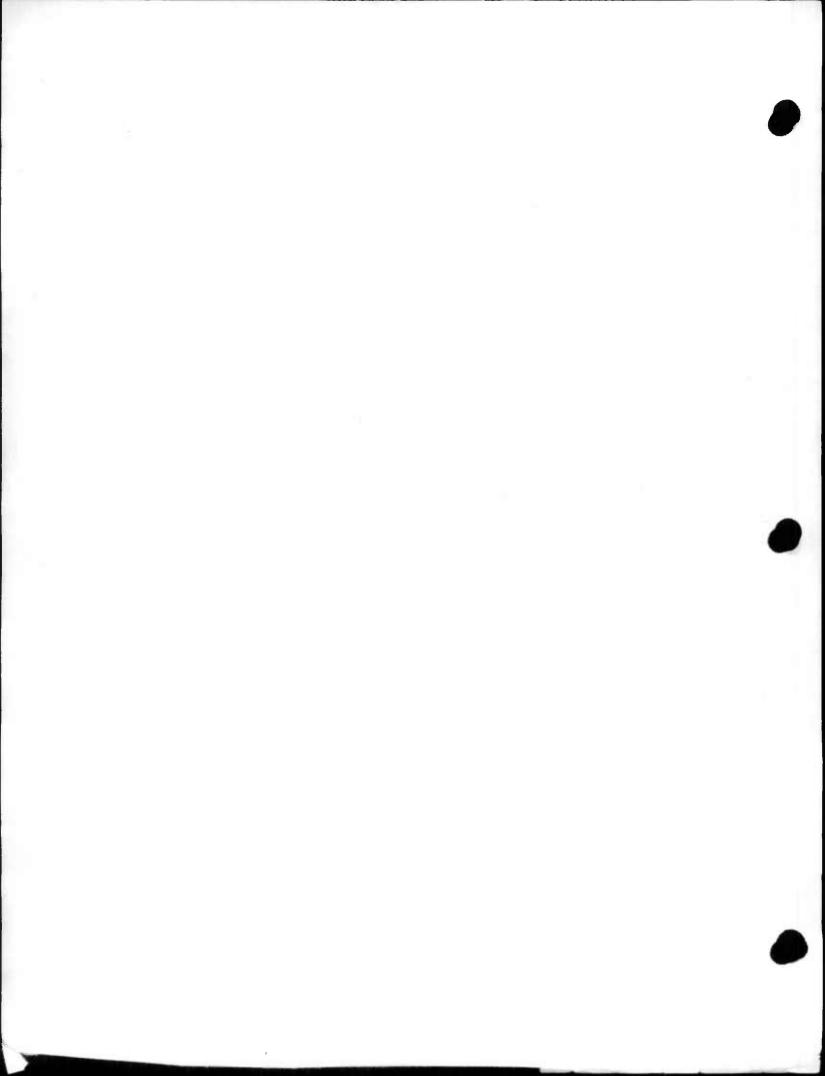
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within is whosen the death. Page 6 may in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIRECTOR
FUNERAL
COMPLETED BY
TO BE CO

	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND N	AENTA	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		-			-			E OF DEATH			3. TIME OF DEATH
	CATHERINE KRACH							07	TH DA	y 990	YEAR	9:25 P M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH	370	8. BIRTI	IPLACE (State or Foreign
	217-26-0098	1 M 2 F	77	YRS.	MONTHS	DAYS	HOURS MIN.	Non	oth, Day, Year)	12	Count	y) ryland
	9e. FACILITY NAME (If not institution, give str	eet and number)	,,		9b. CITY	, TOWN O	R LOCATION OF DE	_	7 1 2 0 7 2 7	9c. COUN		
DIRECTOR	THE JOHNS HOPKINS	HOSPITA	L	BALTIMORE					BALTIMORE CITY			
E I	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY
급	MD.			В	alti	more	City					1 YES 2 NO
AL	10e. STREET AND NUMBER						ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	2709 Norland Ro	oad					21230				U.S	.A.
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A				ENDENT OF HISPAN			or No—	14. RACI Blec	E American Indien, k, White, etc.
BYF	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W		INO			2 NO Specify		, mount, atm/		Spec	ify:
			1					1				White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	<i>(</i>	Give kind of le. Do NOT u	work done	during mo	st of working	10	Sb. KIND OF BUS	INESS/IND	DUSTRY	
۱۳	Elementary/Secondery (0-12) 8th Grade	College (1-4 or 5 +)	Homem					Own	Home	6	
3	17. FATHER'S NAME (First, Middle, Last)			Tomen	aitei		16. MOTHER'S NA	ME (First				
	John Nagel					!			(Raffer		Nage	1
BE	19a. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	1	9b. MAILING	ADDRESS	S (Street a	nd Number or Rural I		<u>` </u>			
2	Cathy E. Miller						Rd., Bal				1230	
	2047 METHOD OF DISPOSITION		20b. PLAC	E OF DISPO			netery, crematory or			CATION -	City or To	own, State
- 1	1 Pauriel 2 Cremetion 3 Remo	vel from State	Lo	udon	Park	Cem	etery		Bal	timo	re C	ity, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENBEE	,		22.	NAME A	ID ADDRESS OF FA					
	1.68	11	5				ard Fune					Md. 21229
	23. PART I. Enter the disease, or c	omplications that	onuned the	leath Do	_		Wilkens					Approximate
	shock, or heert feilure. I	list only one ceu	se on eech lir	ie.				n es ce	nuiec or reepi	ratury on	1001,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	CQC DUE TO	ob-	0	A.	000	~ Ca					2 day
	resulting in deeth)	DUE TO	OR AS A CONS	EQUENCE O	Pi:							3
_		h. 0	0- a	~~ ~		0 V	nia					2 days
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate	Due to	(OR AS A CONS	EOUENCE C	P):				1		,	2 days
SA	ceuse. Enter UNDERLYING	orn	ithin	e t	rar	15 C	arba	m	lase	dat	icie	ray 2 days
Ĕ	that initiated events	DUE TO	(OR AS A CONS	EOUENCE (OF):			_	7			
E	resulting in deeth) LAST	d										T
	PART II. Other significent condition	s contributing to	death but not	resulting	In the u	nderlyin	a cause alven in	Pert I.	24a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
CAL									PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI	peripheral	vascu	1 c = d	is a c	_ ^ ()			1 YES 2	XHO		DF DEATH?
Σ	- peripheral	AND CO	(ar O	1260	<u> </u>							1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (Ch	eck only	one)			
i i	EXAMINER?	HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHE	R:	ne 5 🗆 Residence					
Η	27. MANNER OF DEATH	26e. DATE OF	INJURY	26b. TII	ME OF	28c. IN.	IURY AT		EŞCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, D	lay, Year)	IN	JURY M		YES 2 NO					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be		F INJURY - At	home, farm,	street, fac	tory, offic	:0		OCATION (Street		r or Rumi	Route Number,
E	4 Homicide determined	bullaing,	atc. (Specify)					٠	ity or Town, State)			
COMPLETED	29e. CERTIFIER	CIAN: To the best of	my knowledge.	death occur	red at the	time, date	and piece, end due	to the	cause(e) end me	nner ee sta	rted.	
ME	CONSTRUCTION OF THE CONSTR											(e) end manner ee stated.
	254 SIGNATURE AND TITLE OF GERTIFIES			-			29c. LICENSE NU	MRED		294 041	TE SIGNE	D (Month, Day, Year)
BE	Man Lau	near	~ 1	CN)		0204		(LA)	D (7	103/90
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (II	FM 27) (7/2	e Prints				-			1-5/10
	Alan Dunsar	, M.D	600	W.	W	al C	est. f	301	ltim	DIR	, N	10 2120S
	31. DATE FILE 111, 01,6 1990	3 RIGIST	M'S SIGNATURE	andell								



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

-	REGISTRAR		CERTIFIC	CATE C	F DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH	
		KING				JUNE	2 9 °	1990		
	4, SOCIAL SECURITY NUMBER	5. SEX 8. A		IF UNDER 1 YEA		7. DATE OF E	иятн ¥-534	8. BIF Cou	THPLACE (State or Foreign TV). Carolina	
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOV	N OR LOCATION OF DE	ATH		c. COUNTY OF		
TOR	THE JOHNS HOPKIN	S HOSPITAL		BALTI	ORE CITY			BALTIMORE CITY		
DIRECTOR	MD a 10b. COUNT	Υ	10c. CITY,	Balt	cation imore				10d. INSIDE CITY J. LIMITS? 1 🔛 YES 2 □ NO	
ERAL	106. STREET AND NUMBER 4443 Pall Ma	all Road	•		101. ZIP CODE 21215		1	10g. CITIZEN O	S .	
ED BY FUNERAL	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	ES 2 NO	If yes	DECENDENT OF HISPAN , specify Cuban, Maxica YES 2 PNO Specify	n, Puarto Ricar	ORIGIN? (Specify Yea or No— 14. RACE — American Indian Black, White, stc. Specify: Black			
2	15. OECEDENT'S EDU (Specify only highest grade	JCATION Completed	18a. DECEDENT'S U	SUAL OCCUP	ATION	16b. KIN	D OF BUSIN	ESS/INDUSTRY	′	
10	Elementary/Secondary (0-12)	College (1-4 or 5+)		ablec	most of working		Journ	alist	:	
So	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd)	le. Malden Sur	rname)		
BE COMPL	Charles Ki	ing				y A11		,		
P	190. INFORMANT'S NAME (Type/Print) Glenolora Hir	nes			et and Number or Rural Stertown					
	20a. METHOD OF DISPOSITION 1 Grant Burtal 2 Comment 3 Grant Ren 4 Donation S Other (Specify)	noval from Stata	20b. PLACE OF DISPOSI other place)		Crematory or	-y		TION — CHY M Baltin		
	21. SIGNATURE OF FUNERAL SERVICE LI	Hecto	#281		E AND ADDRESS OF FA		eral		Monroe St. 721-27	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	e. CLS Di CATO DUE TO (OR DUE TO (OR C.		soul	Miles of dying, suc		Dr respirat	tory errest,	Approximate interval Between Onset and Deeth	
8		d								
PHYSICIAN: MEDICAL	PART II. Other significent conditio	ne contributing to dee	th but not resulting in	the under	lying ceuse given in		e. WAS AN AL PERFORMI YES 2	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (C)	neck only one)				
SIC	EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER:	Home 5 🗆 Rasidence	8 Other (S	pecify)			
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJ (Month, Day, Y	URY 28b. TIME	OF 280	INJURY AT WORK?			JURY OCCURED		
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — At home, farm, st (Specify)	treet, factory,	office		ON (Street and jown, State)	d Number or Ru	ral Route Number,	
COMPLETED	noet	SICIAN: To the best of my							se(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFI	Medical	resident		29c. LICENSE NU	MBER	1	≥ 6/7	P (P (P (P (P (P (P (P (P (P (P (P (P (P	
2	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE C	OPURS U	1050	val Ball	MOR	MO	212	05	
	31. DATE FILED (Month, Des), Year)	Grand Davidson	Signal Banda Ba	-						

0

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* *

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Fleath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Modin, 'Day, Year)

JUL 06 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARY			TMENT				MENTAL	HYGIEN REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)	Lee kava	ard I		Kavar	naug	n Si	٠.	2. DATE O	OF DEATH	199	EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. ja t	birtoday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		BIRTH	PLACE (State or Foreign
	244-44-4391	1 🙀 M 2 🗆 F	56 V	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) .9 19	34 N	Country (i a)	nigan
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	r, TOWN C	R LOCATION	ON OF DE			9c. COUNT		
TOT.	Franklin Square	Hospital				Ro	ssvi	lle_			Bal	tin	ore
DIRECTOR	toe. STATE Md . 10b. COUNTY	Baltimore		10c. CIT	Y, TOWN		ion Sex						tod. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD				tog. CITIZE	N OF W	HAT COUNTRY?
Ë	1513 Barkley Ave				T			L221			-	JSA	
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 7 YES IF YES, GIVE WAR OR	2 N			If yes, sp			n, Puerto R	(Specity Ye	9 or NO— 14	Black Special	- American Indien, White, etc.
8	15. DECEDENT'S EDUC (Specify only highest grade		16a, DE0	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	na .	16b.	KIND OF BU	SINESS/INDUS	STRY	
COMPLETED	Elementery/Secondary (0-12) 1.2th	College (1-4 or 5+)		Do NOT u					В	altim	ore Po	lic	e Departmen
8	17. FATHER'S NAME (First, Middle, Last)						555,685			liddle, Maiden			
BE	Harry Kavanaugh									Chan			
2	190. INFORMANT'S NAME (Type/Print) Siedoni Kavanauc	jh	196								m, State, Zip C MAryla		21221
	20e. METHOD OF DISPOSITION 130 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	0b. PLACE (ece)	SITION (NI			natory or			Altimo	,	,
	II. SUPPLY OF FUNERAL SERVICE LIC	CENSEE	1101.1	Ly 111	_			SS OF FA	CILITY		ALCINC	ILE_	Ma.
	Connelly Fu	neral Ho	ml			Conne	elly	Fune	eral	Home	300MAc	eAv	e. 21221
	23. PART i. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		each line	4	Not enter				h as cerd	lec or resp	iratory erres	st,	Approximete Interval Between Onset end Deeth
LION	Sequentielly list conditione, if eny, leeding to immediate	b. DUE TO (OR AS	A CONSEC	DUENCE O	F):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. OUE TO (OR AS	A CONSEC	DUENCE O	PF):								
ERI	resulting in deeth) LAST	d											
MEDICAL	PART II. Other significent condition	s contributing to deeth	but not n	esuiting	in the u	nderlyin	g ceuse	given in	Part I.	24a. WAS AI PERFO 1 NES	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
AN	25, WAS CASE REFERRED TO MEDICAL					28. P	ACE OF C	DEATH (Ch	eck only on	9)			
SICI	EXAMINER?	HOSPITAL:	utpatient 3	□ DOA	OTHE	R:		y	8 🗆 Other				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJUR (Month, Day, Year		29b, TIR	AE OF JURY M	W	URY AT ORK? YES 2 [NO.	28d. DES	CRIBE HOW	INJURY OCCU	REO	
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide datermined	28e. PLACE OF INJU Suiteling, atc. (S)	RY — At ho	me, farm,	street, fac				28t. LOC	ATION (Street or Town, State	and Number o	r Rurel I	Route Number,
COMPLETE	(Check only	ICIAN: To the best of my kn											e) end menner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Denti Mal	° DE	YAL	INL			ense nui			29d. DATE	SIGNED	(Month, Day, Year)
T0	30. HAND AND ADDRESS OF PERSON WHO	O COMPUETED CAUSE OF		M 27) (Typ		cert	3 2	na				' '	,

and the first of the same

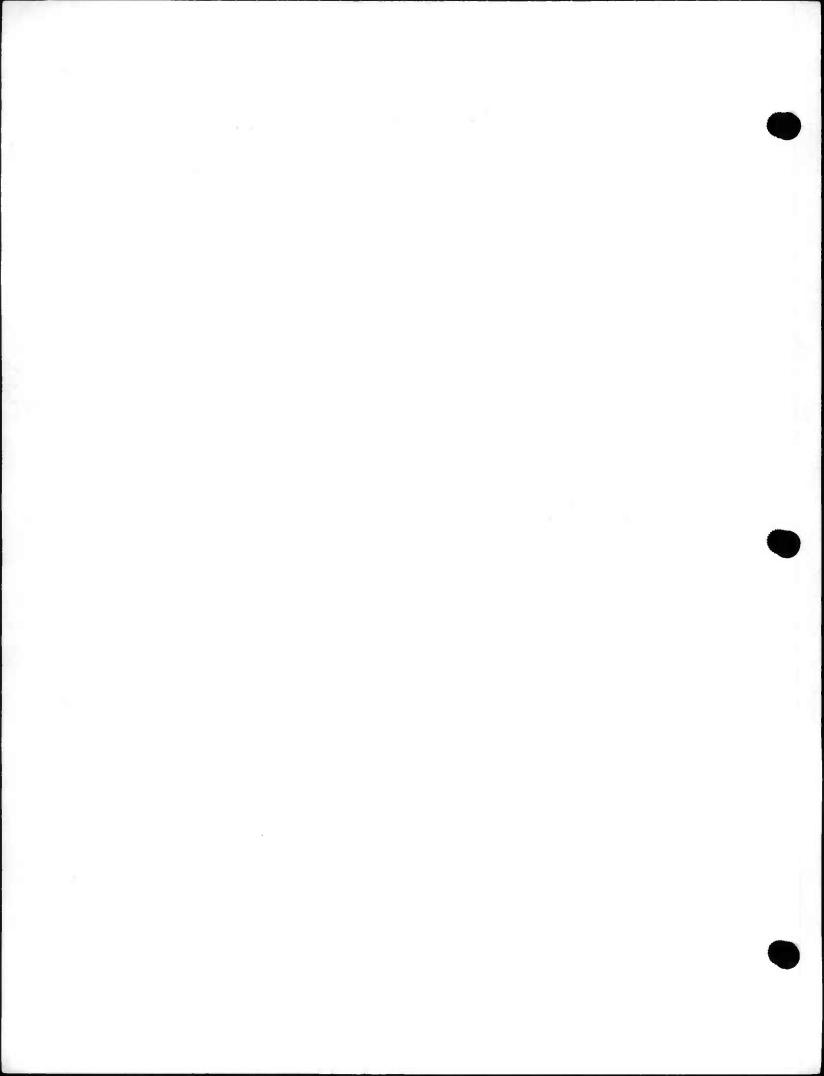
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the notation physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			₹.		2. DATE OF DEATH	Y YEA	3. TIME OF DEATH
	GEORGI	E. L. 1	K157.			77/4/90°	i iea	2:30 AM
	4. SOCIAL SECURITY NUMBER	 	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	RTHPLACE (State or Foreign
	215-14-4124	1 💢 M 2 🗆 F	67 YRS.	MONTHS DAYS	HOURS MIN.	FEB. 20, 1	923 MA	RYLAND
	9e. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O	
DIRECTOR	CHURCH HOSPIT		TION		TIMORE (
E C	10e. STATE 10b. COUNT	ΓY	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
<u></u>	MD		B	AT.TTMO	RE CITY			LIMITS?
	10e, STREET AND NUMBER				of, ZIP CODE		10a, CITIZEN C	OF WHAT COUNTRY?
FUNERAL	3907 SHANNON	DR.			21213	3		. A.
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	RIN U.S. ARMED S 2 NO DATES	If yes,	ECENDENT OF HISPAN specify Cuben, Mexical S 2 NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.) ':	8	ACE — American Indian, Ilack, White, etc. Specify: WHITE	
	15. DECEDENT'S ED	WWII	140 DECEDENTIE	Hellat Occupa	TION .	16b, KIND OF BUS	PINECO (INDUCTO	
COMPLETED	(Specify only highest grad	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT u.	work done during i	nost of working	166. KIND OF BUS	SINESS/INDUSTR	'
	Elementary/Secondery (0-12)	College (1-4 or 5+)		RVISOR		CTEE	L COMP	VIV
Z	NA	NA	SULER	VISOR				ANI
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
BE	JOHN MICHAEI	_ KIST				INE KELL		
2	19e. INFORMANT'S NAME (Type/Print)		the second secon			Route Number, City or Tow		
F	MRS. EVELYN R.	KIST (WI	FE) 3907	SHANI	NON DR.,	BALTO.,	MD. 2	.1213
	20e. METHOD OF DISPOSITION 1) Puriel 2 Cremetion 3 Rec	movel from State	other place)	SITION (Name of o	emetery, crematory or	20c. LO	CATION - City o	r Town, State
	4 ☐ Donation 6 ☐ Other (Specify)]		VALLEY	MEM. G	ARDENS T	IMONIU	M , MD.
- 1	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	/	22. NAME	AND ADDRESS OF FA	CILITY	OMEC T	NC
	15 Cureno	0 to 1	(max)	/ 3333	BREHMS	LANE. B	ALTO	MD. 21213
	23. PART i. Entay the diseases, or	complications that cause	and the death. Do		node of dylan, suc	h as cardiac or resp	Iratory arrest.	Approximata
	ahock, or heart failure iMMEDIATE CAUSE (Finei disease or condition	. Liat only one cause on	MCF.B. CO.	T.ON	COLON		,	Interval Between Onset end Death
	resulting in deeth)	DUE TO (OR A	S A CONSEQUENCE O	PF):				-
-	_	19						
CERTIFICATION	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE O	DF):				
¥	if any, leading to immediate cause. Enter UNDERLYING							
표	CAUSE (Disease or Injury that initiated events	OUE TO (OR A	S A CONSEQUENCE O	OF):				
E	resulting in death) LAST	la .						
CE		u						
DICAL	PART II. Other significant condition			4	ing cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
5	METAS-	TATIC -	DISE A	16		1 YES :	2 10 10	COMPLETION OF CAUSE OF DEATH?
빌	METASTATI	C X DISEAS	E					1 - YES 2 - HO
51						_		
₹	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN: MEI	EXAMINER?	HOSPITAL:	utpetient 3 DOA	OTHER:	ome 6 🗆 Residence	6 Other (Specify)		
Ξ̈́	27. MANNEB-OF DEATH	28e. DATE OF INJUR	TY 28b. TH	ME OF 28c.	NJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	0
	1 Netural 5 Pending	(Month, Day, Yea			WORK?			
BY	2 Accident Investigation 3 Suicide & Could act b	26e. PLACE OF INJU	JRY — At home, farm,	street, factory, of	fice	26f. LOCATION (Street	end Number or R	ural Route Number,
	4 Homicide 6 Could not b	building, etc. (S	Specify)			City or Town, State)	
	290. CERTIFIER							
COMPLETED	(Check only	/SICIAN: To the best of my kn NER: On the basic of examina						use(e) end menner ee stated.
ပ္ပ				41.303.3133				
BE	29b. SIGNATURE AND TITLE OF CERTIF	St. A.			29c. LICENSE NU	MDEH オクつ	29d, DATE SIG	ENED (Month, Day, Year)
70	Males 1	AUGU	0		1018	///	1	17/10
	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	101/ CA	RP /B	9670	
ij,	GEORGE R.	MOMA	1-1	00 N	BROAD.	say !	MD 2	1271
	31. DATE FILED (Month, Day, Year)	fulia Davidson-R	and the			//		



ed at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. POR THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral be filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examination. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE DF	MARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICAT	E OF DEA	TH		REG. NO.

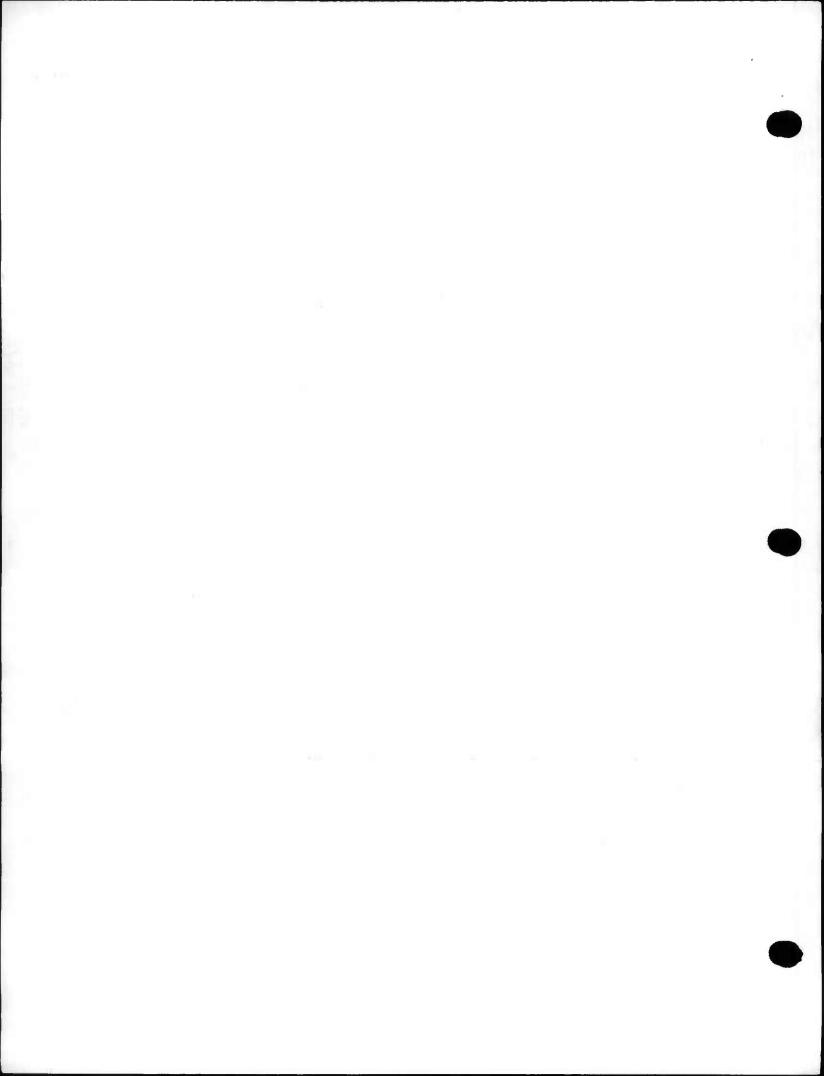
	FOR 1 - STATE REGISTRAR	STATE DF MARY	YLAND / DEPARTM CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Li	est)	4			2. DATE OF DEATH		3. TIME OF DEATH
1	William Ellw	good Lewis, S:	r					0 6 3 0 AM
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH		BIRTHPLACE (State or Foreign
		1200M 2 □ F	MC	NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	216-01-1389	7	/6			3/30/1914		Maryland
_	9e. FACILITY NAME (If not institution, g			L CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
9	James Lawrence	Kernan Hosp	ital	Baltimo	re City	,		
DIRECTOR	RESIDENCE OF DECEDENT		40° CITY T	OWN OR LOCAT	ION .			10d, INSIDE CITY
			551.00					LIMITS?
		licomico	Sh	arptown	Maryla	ınd	_	1 YES 2 X NO
BY FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	507 Main Stre	et, P.O. Box	142		21861			U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify You	a or No— 14.	RACE — American Indian, Black, White, etc.,
-	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF		1 TYES	2 NO Specify	n, Puerto Ricen, etc.)		Specify:
	3 Widowed 4 Divorced			<u> </u>				White
ETED	15. DECEDENT'S (Specify only highest of	EDUCATION trade completed)	16a. DECEDENT'S US (Give kind of work	done during mo	N st of working	16b. KIND OF B	JSINESS/INDUST	TRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	etired.)				
	Unknown	Unknown	Ministe:	r		United	Method	list Church
COMPL	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
BE	William Edwar	d Lewis			Carri	e (Shank1	in) Lew	is
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street a	nd Number or Rural i	Noute Number, City or To	wn, State, Zip Co	de)
۲	Helen Lewis		507 Ma	ain St.	, Sharpt	own, Md.	21861	
1	20a, METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI	ON (Name of cer	netery, cremetory or	20c. L	OCATION — City	or Town, State
	1 Buriel 2 Cremation 3 1 1 4 Donetion 5 Other (Specify)	Removal from State	Woodlawn	Cemeter	V	Wo	odlawn.	Maryland
ļ	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE			D ADDRESS OF FA			
	Jackie,	U. Shann	or.			ral Home, Ave., Ba		e. Md. 21229
	23. PART I. Enter the diseases,							
ŀ		ure. List only one cause o				0 /	0 0	Interval Between Onset end Death
- 1	iMMEDIATE CAUSE (Final disease or condition	Cardi	i / Ren	in for	- Fai	lune /so	Il la	No. KI
ŀ	resulting in death)	DUE TO (OR /	AS A CONSEQUENCE OF:	270)	121		Jeers
_		_						
ÓΙ	Sequentielly ilst conditions,	bDUE TO (OR /	AS A CONSEQUENCE OF):					
CERTIFICATION	if any, leeding to immediate ceuse. Enter UNDERLYING							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF):					
	resulting in deeth) LAST							
뜅								
4	PART ii. Other significant cond					Part i. 24a. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	S/P Lum	San Digcer	coton /	Fusi	1	1 YES	2 🗌 NO	COMPLETION DF CAUSE DF DEATH?
ΨI			()					1 TYES 2 NO
PHYSICIAN: MEDIC								
₹	25. WAS CASE REFERRED TO MEDICA			28. PI	ACE OF DEATH (Ch	eck only one)		
S	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	e 5 Residence	8 Other (Specify)		
<u> </u>	27. MANNER OF DEATH	28a. DATE OF INJU	IRY 28b. TIME (OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCUP	IED
-	1 Natural 5 Pending	(Month, Day, Ye		Y WO	PRK?			
B	2 Accident Investigat	28e. PLACE OF INJ	URY — At home, farm, stre			261. LOCATION (Street	t and Number or	Rural Boute Number
	3 Suicide 6 Could no 4 Homicide determine	K De building, etc. ((Specify)	ot, motory, orne		City or Town, Star	(a)	enter evolus rearribos,
L								
COMPLET	CONSUM ONLY	PHYSICIAN: To the best of my k						
ξ l	one) 2 MEDICAL EXA	MINER: On the basis of examin	nation and/or investigation,	in my opinion, o	eath occured at the	time, date end place,	end due to the c	euse(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERT	TIFIER	is Ti		29c. LICENSE NUI	WBER	29d. DATE S	IGNED (Month, Day, Year)
8	m Vullor	M_	my		A1625542	57-7	▶ 6/	30/90
၀	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, P	rint)	41. 000	1 3	- 1	
	m Ballo	ch						
	31. DATE FILED (Month, Day, Year)	90 Sula Dar	SIGNATURED Includes					
	1 A 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VV //						

be natified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second that the the transfer of the theory in the transfer of the tra

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMENT OF CERTIFICATE O		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs.	. Inst birthday) IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH	1990	THPLACE (State or Foreign
	212108458	1 - M 2 SAF 7 4	YRS. MONTHS DAY	HOURS MIN.	FIB. 319	16 19	ARYLAND
OR	9a. FACILITY NAME (If not institution, give 2436 LAKEU)	2000 ROAD	96. CITY, TOW	N OR LOCATION OF DE	ATH /	BALT	MORE
DIRECTOR	10a. STATE 10b. COUN	ITY	10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
	MARYLAND BAD	Jimak	PARKY	44			1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER	Rana		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEOENT EVER IN U.S.	. ARMED 13. WAS I		IC ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2		specify Cuban, Maxican ES 2 NO Specify			lack, Whita, atc.
	15. DECEDENT'S EC (Specify only highest gra		DECEDENT'S USUAL OCCUPA (Give kind of work done during		18b. KIND OF BUS	SINESS/INDUSTRY	000112
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use retired.)				
OM	17. FATHER'S NAME (First, Middle, Last)		171 700	7	ME (First, Middle, Maiden	Surname)	
BE C	HERMAN	B. FITT		1KEC	I Ani	CHir	OLLR
0	19a, INFORMANT'S NAME (Type/Print)	20007	19b. MAILING ADDRESS (Stre	et and Number or Rural F	0	n, State, Zip Code)	
	20a, METHOD OF DISPOSITION	20b. PL/	ACE OF DISPOSITION (Name of	cemetery, crematory or	20c. LO	CATION — City or	r Town, Stata
	1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	FA	RKW000	27502	RV PA	RKVIU	2 MO.
	21. SIGNATURE-OF FUNERAL SERVICE	LICENSEE	S.	AND ADDRESS OF FAC	ERAL CH F	APEL	
7.1	23. PART I. Enter the diseases, o	or complications that paying the	SS.	TARK OC	ORO ROM	0 - PA	Approximete
		e. List only one cause on each		mode or dying, euci	i ee cardiac or reap	ratory arrest,	interval Between Onset and Death
	disease or condition resulting in deeth)	myseastial	infortin			U	inmediate
		DUE TO JOR AS A CON	ASSESSED OF				3.10
NO.	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A COM	ISEQUENCE OF):				291.
ICA	CAUSE (Disease or Injury	DUE TO FOR AS A COM	636 MATCHENET OF 1				
CERTIFICATION	that initiated events resulting in deeth) LAST	holythali	tememia				į
	PART II. Other eignificent conditi	ione contributing to death but n	not resulting in the underl	ving cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL					PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
BY PHYSICIAN: MEDIC							1 TYES 2 THO
AN	25. WAS CASE REFERRED TO MEDICAL	1	20	. PLACE OF DEATH (Ch	ant anti-anti-		
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetien	OTHER:	forms 5 Residence			
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	
	1 Natural 8 Pending 2 Accident Investigatio 3 Suicide 8 Could not 8	28e. PLACE OF INJURY - A	At home, farm, street, factory, o	YES 2 NO	28f. LOCATION (Street	and Number or Ru	ral Route Number.
COMPLETED	3 Suicide 8 Could not t 4 Homicide detarmined				City or Town, State)	
PLE	CHOCK OHLY	YSICIAN: To the best of my knowledge	e, death occurred at the time,	data and place, and due	to the cause(a) and ma	nner as stated.	
COM		INER: On the basis of exemination and	d/or investigation, in my opinio	n, death occured at the	time, data and place, a		22722 27777
BE	296. SIGNATURE AND THE OF CERTIF	FIER MD		29c. LICENSE NUI	WBER	29d. DATE SIG	NED (Month, Day, Year)
9	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH		D-1493	>/	70	×/ 3 1770
	DR STEPHE	OR. SMIT	POTS H	HARFOR	O ROAC	- MAR	Kvill
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR					





BALTIMORE, MARYLAND 21203-3146	death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral directs, man is that we detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must be milled of once.
8	hours after	lled in by the	e medical
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner murt be mained.

							0 10213
	FOR STATE OF	MARYLAND / DEF	PARTMENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH
	SOPHIE LET	VIN			MONTH D	9	D 12:30 AM
	4. SOCIAL SECURITY NUMBER 5. SEX	a. AGE (In yrs. last birtho		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Pay, Year)		BIRTHPLACE (State or Foreign Country)
	579-54-0889 10 M2 YF	77 YR	S. MONTHS DAYS	HOURS MIN.	3/18/	13	N.Y
	9e. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF D	EATH	9c. COUNTY	
0 8	Levindale Nursing Home		Bal	timore		Bal	timore
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	Maryland Montgomery	'	Silver S	pring			LIMITS?
A P	10e. STREET AND NUMBER		10	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EB	1400 Fenwick Lane			2091	0	l u	. S. A.
FUNERAL	11. MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. ARMED			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
BY F	1 Never Merried 2 Merried IF YES, GIVE	1 YES 2 NO		S 2X NO Speci			Specify: White
	15. DECEDENT'S EDUCATION	16a DECEDER	NT'S USUAL OCCUPATI	ON	16b. KIND OF BU		
1 1 1	(Specify only highest grade completed)	(Give kind	d of work done during m OT use retired.)	ost of working			
교	Ejementery/Secondary (0-12) College (1-4 or	34,	Grocer		1	Mercha	nt
COMPLETED	17. FATHER'S NAME (First, Middle, Lust) Morris Neham			18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
1 8	INFORMANT'S NAME (Type/Print)	l common					
E	Judi K. Harrison				Route Number, City or Tow d, Arnold,		
40	20s. METHOD OF DISPOSITION		SPOSITION (Name of ce				or Town, State
T	XX Burial 2 Cremation 3 Removal from State	other place)	Memorial				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2 444					UNERAL HOME
	Donald 47	Dein	232 C	STEIN H ARROLL S	TREET. N.W	KIAL FI WASH	HINGTON, D. C.
	23. PART I. Enter the diseases, or complications to						Approximate
	shock, or heart fellura. List only one of IMMEDIATE CAUSE (Final						Interval Between Onset and Deeth
	diseese or condition resulting in deeth)	JEUMONIA	7				
	DUE	TO (OR AS A CONSEQUENC	CE OF):				
NO	Sequentially list conditions, b.	O (OR AS A CONSEQUENC	DE OEN				
ATI	If any, leeding to immediate ceuse. Enter UNDERLYING	O (ON AS A CONSECUENC	se or).				
윤	CAUSE (Diseese or Injury that Initiated evente DUE	O (OR AS A CONSEQUENC	CE OF):				
ERTIFICATION	resulting in death) LAST						
O	PART II. Other algorificant conditions contributing	to death but not requit	log lo the underbut	er anuan aluma la	Bert Los unos	LAITTOROV	24b. WERE AUTOPSY FINDINGS
18	TATE II. Other admittant conditions contributing	to destil but not leadit	ing in the onderlyn	ig cause giveir ii	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Ö					1 _ YES	XXXº	DF DEATH?
Σ	-				—		1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		26. 5	PLACE OF DEATH (C	heck only one)		
PHYSICIAN: MEDICAL	EXAMINER? HOSPITAL:	ER/Outpatient 3 □ DO	OTHER:		8 Other (Specify)		
Ŧ	27. MANNER OF DEATH 28a. DATE	OF INJURY 28b	TIME OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
ВУ Р	1 Natural 8 Pending 2 Accident Investigation	, Day, Year)		ORK? YES 2 NO			
	3 Suicide 8 Could not be 28e. PLAC buildi	OF INJURY — At home, fing, etc. (Specify)	erm, street, factory, offi	ce	281. LOCATION (Street City or Town, State		Rural Route Number,
I	4 Homicide determined						
COMPLETED	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best						
Š	one) 2 MEDICAL EXAMINER: On the besis of	f examination and/or invest	Igation, in my opinion,	death occured at th	e time, data and place, a	nd dua to the o	ause(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	()	nd	IL LICENSE N	UMBER	29d. DATE S	IGNED (Month, Day, Year)
10 8	(totkenth O. Ku, M.1/.)	Capel	120-10	mg	V11037		11/90
1 -	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF DEATH (ITEM 27)	(Type, Print)	2/07-1	INTRIC CE	-57-11	& Hored - As
	PETUTAL SALE DELLE NOVI						

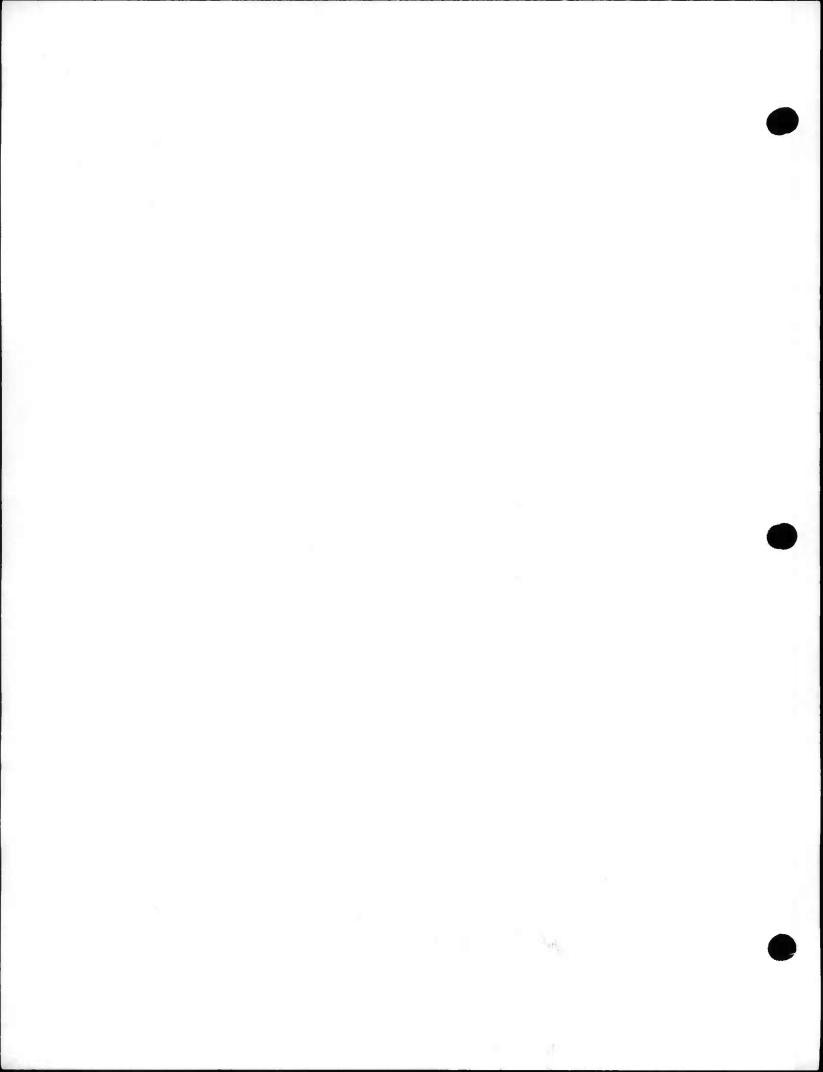
32. HEGISTRAP'S SIGNATURE

31. DATE FILED (Month, Day, Year)
JUL 0 6 1990

OHMH-16 Rev 1/89

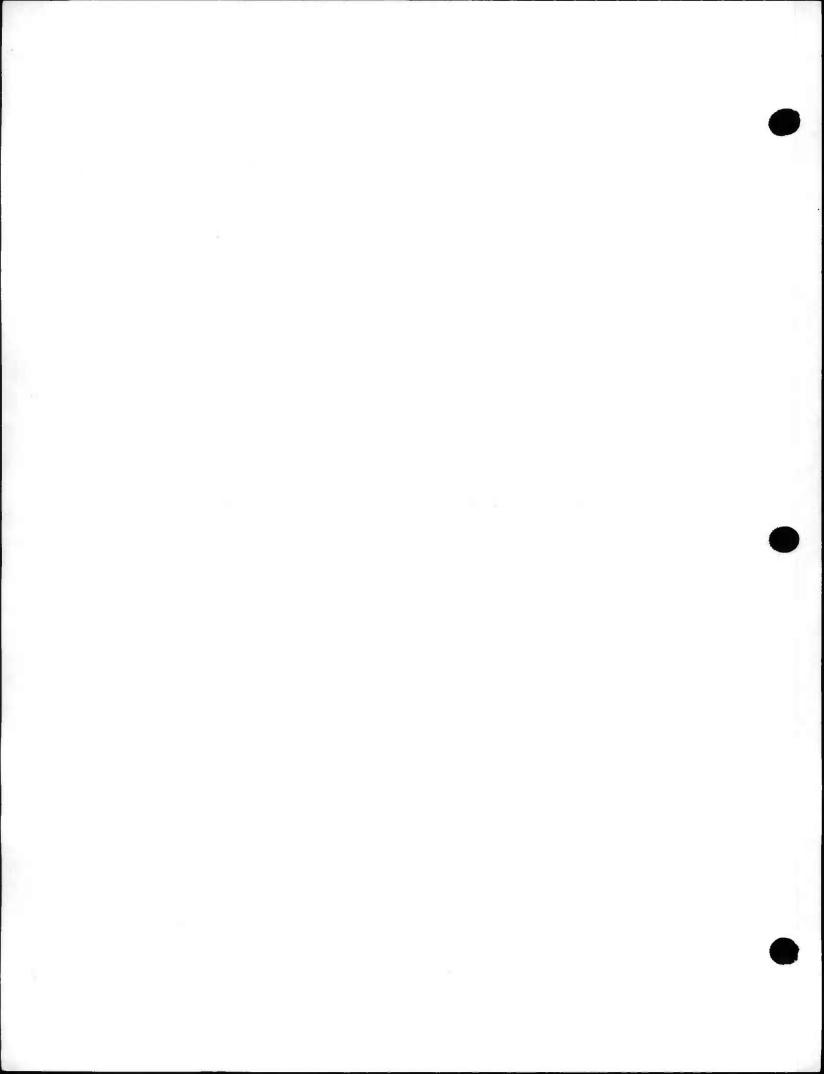
TO THE MOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	Willing the most maked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF				MEN	REG. NO.	Ė		
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH			3. TIME OF DEATH
	JAMES A. LEE							INF 28		YEAR QQA	10:28AM M
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (/	in yrs. lest birthday)	IF UNDER 1		UNDER 24 HRS.	7. DATE OF BIRTH 6. BIRTHPLACE (Month, Day, Year) Country)			PLACE (State or Foreign	
	577 12 4286A 2	1X M 2 □ F 85 YRS.				URS MIN.		c 30, 19	04		.,D.C.
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF 1						EATH	
DIRECTOR	PRINCE GEORGE'S HO	TER	Ch	EVERL	<u>Y</u>			PR	LINCE	GFORGE'S	
H H	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OF	RLOCATION						10d. INSIDE CITY LIMITS?
	MARYLAND PRINCE	GEORGES	LAI	NDOVE	7						1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP						VHAT COUNTRY?
9	7916 Roxbury Cour					0785					STATES
2	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 TYES	2 NO	If	yes, specify	Cuban, Maxic	en, Pu	RIGIN? (Specify Yea arto Rican, atc.)	or No—		— American Indian, k, Whita, atc.
A	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1	YES 2	XNO Speci	fy:			Spec R 1	^{#y:} ack
	15. DECEDENT'S EDUCAT	ION	18a. DECEDENT'S	USUAL OC	CUPATION			16b. KIND OF BUS	INESS/IN		ick
E	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) Collaga (1-4 or 5 +)	(Give kind of life, Do NOT u	work done di se retired.)	uring most of	working	1				78 :
릴	12		Labore	r				Constr	ucti	on	July 1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16.	MOTHER'S N.	ME (F	irst, Middle, Maiden	Sumame)		
BE C	JAMES A. LEE, SR.					GERTR	UDI	E ANN BRO	OWN		
	19a. INFORMANT'S NAME (Type/Print)							Number, City or Town			
2	JEANNETTE MITCHELL	(DAUGHTER)	1953	19th	Place	,S.E.	#1(04 Wash	.,D	.C.	20020
	20a. METHOD OF DISPOSITION 1 △ Burial 2 □ Cremation 3 □ Ramova	I from State	. PLACE OF DISPO							City or To	Control of the contro
1	4 Donation 5 Other (Specify) 7/3	1/90 HA	RMÓNÝ MI						DOVE	R, M.	ARYLAND
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE A		1 4 7		DDRESS OF F		y PE FUNER.	лт ц	OME	
	alex s. Fe	Rell	M85					ia Avenu			C 20020
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cerelro	ach line.	r a		,		4	0		Approximata interval Between Onset and Death
CERTIFICATION	Sequentieity list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cardiac arrhythmias c possible printing. Cardiac arrhythmias c possible printing.										
E		Cardia	c a	nly	,U	mi	2	poru	ma	nia	
E		Coudia	c a	nly	derlying ce	euse given la	n Pari	pnu	MED?	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E	PART II. Other significant conditions of the con		c a	nly in the un	26, PLACE	ouse given in		24e. WAS AN PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
E	PART II. Other significant conditions of the con	OUE TO (OR AS A CONTRIBUTING to death b HOSPITAL:		in the un	26. PLACE	OF DEATH (C	heck o	24e. WAS AN PERFOR	MED?	1 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
E	PART II. Other significant conditions of the con	HOSPITAL:	patient 3 DOA	other	26. PLACE	E OF DEATH (C	theck o	24a. WAS AN PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: Inpetient 2 EP/Outs	patient 3 DOA	OTHER 4 Num	26. PLACE R: Isling Home 5 28c. INJURY WORK?	E OF DEATH (C	theck o	24a. WAS AN PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: Inpetient 2 EP/Outs	patient 3 DOA 28b. Til	OTHER	26. PLACE 8: sling Home 5 26c. INJURY WORK? 1 YES	E OF DEATH (C	theck o	24a. WAS AN PERFOR	NJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: Inpatient 2 EP/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Special	28b. Till IN	OTHER 4 Nurs	26. PLACE 8: sling Home 5 26c. INJURY WORK? 1 YES	E OF DEATH (C	284 284	Other (Specify) 1. Describe How in City or Town, State)	NAMED?	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: Inpatient 2 EP/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	28b. Till IN	OTHER 4 Nurse ME OF JURY M street, factor	26. PLACE 3: sling Homa 5 28c. INJUST 1 YES ory, office	FOR DEATH (C) Residence AT 2 NO	286 281	24a, WAS AN PERFOR 1 YES 2 Other (Specify) 1. LOCATION (Street City or Town, State)	NJURY O	or or Rural	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: Inpatient 2 EP/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	28b. Till IN	OTHER 4 Nurse ME OF JURY M street, factor	26. PLACE R: sling Home 5 26c. INJUNEY WORK? 1 YES ory, office	E OF DEATH (C	26d	Other (Specify) 1. LOCATION (Street City or Town, State) 1. LOCATION (Street city)	NJURY Of and Numb	or or Rural	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: Inpatient 2 EP/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	28b. Till IN	OTHER 4 Nurse ME OF JURY M street, factor	26. PLACE 3: sling Homa 5 28c. INJURY WORK? 1 YES ory, office	FOR DEATH (C) Residence AT 2 NO Splace, and de a occurred at the	286 286 281 281 281 281 281 281 281 281 281 281	A. I. 24a. WAS AN PERFOR 1 VES 2 VID	NJURY Of and Numb	eted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, stc. (Special Complete of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of t	28b. Till IN	OTHER 4 Nurse ME OF JURY M	26. PLACE 3: sling Homa 5 28c. INJURY WORK? 1 YES ory, office	FOR DEATH (C) Residence AT 2 NO Splace, and de a occurred at the	286 286 281 281 281 281 281 281 281 281 281 281	A. I. 24a. WAS AN PERFOR 1 VES 2 VID	NJURY Of and Numb	eted.	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1	FOR STATE REGISTRAR	STATE OF M		/ DEPAR CERTIF					MENTA	L HYGIENI REG. NO.	E			
	1	1. DECEDENT'S NAME (First, Middle, Last)			02,111				•		OF DEATH			3. TIME OF DEATH	
	ì	GEORGE	J			MILE	S			MONT	н <u>р</u> а		90	2:28	РМ
1	ŀ	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDE		IF UNDER	24 HRS.	7. DATE	OF BIRTH			PLACE (State or Fore	
	,	216-40-2128	1	49	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	07-41		Country	N.C.	`
	ŀ	9a. FACILITY NAME (If not institution, give street and number)				9h CITY	(TOWN (D I OCATIO	N OF DE		0/-41	9c COII	NTV OF DE		
۵ ا						96. CITY, TOWN OR LOCATION OF DEATH Baltimore City						9c. COUNTY OF DEATH			
DIRECTOR	-	Sinai Hospital					Bal	t1mo	re C	1ty		<u></u>			2
🖺	ľ	10s. STATE 10b. COUNTY				Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	2 V.V
1 등		MD			BAI	TIM	ORE	, MC						1 X YES 2 A	10
	ŀ	10s. STREET AND NUMBER					_	. ZIP CODE				10g. CIT		HAT COUNTRY?	\neg
ERAL		5523 FORCE RI) .					2120	16				USA		
12		11. MARITAL STATUS	T 12 WAS DECEDED	IT EVER IN U.S.	ARMED	13.				IC ORIGII	N? (Specify Yes	or No-		- American Indian White, etc.	
	I	Never Married 2 Merried	FORCES? 1	YES 2	Δ/NO		If yes, sp	ecity Cuba	n, Maxica	n, Puerto	Rican, atc.)				1
6	4	3 Widowed 4 Divorced	IF TES, GIVE V	WIN ON DAIES			1 1 123	2 × NO	Specify	•			Specif	BLACK	
1		18. DECEDENT'S ED	UCATION	18a.	DECEDENT'S	USUAL C	CCUPATIO	ON		188	. KIND OF BUS	INESS/ING	DUSTRY		
モ	1	(Specify only highest green Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life, Do NOT u	work done se retired.)	during mo	st of workin	g						
릴		10th		T	RUCK		RIV	ER		A	RUNDE	L C(ORPO	RATION	
COMPLET	1	17. FATHER'S NAME (First, Middle, Last)						18. MOTI-	IER'S NA	ME (First,	Middle, Maiden	Sumame)			
0	1	GEORGE C. I	MILES					LE	OLI	Α	DAVIS				
BE	ı	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRES	S (Street a	and Number	or Rural F	Route Num	ber, City or Town	n, State, Zip	Code)		\neg
욘		ANNETTE L.	MILES		5523	3 F C	RCE	RD.	- B	ALT	IMORE	, M(0. 2	1206	
	ŀ	20s. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO								City or Tox		
		1X Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	W O'O	D'CAWI	N CE	MET	ERY						MD.	
	ł	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE					ND ADDRES	SS OF FA	CILITY	1		, , ,		
	1	- (1000													_
	J	Blades	Werne	Cons		W	IM.C	. M <i>P</i>	ARCH	F.	H.110	1 E	. NO	RTH AVE	
		23. PART I. Enter the diseases, or shock, or heart fellure				not ente	r the mo	de of dyl	ng, suc	h as car	diac or respi	ratory ar	rest,	Approxima Interval Be	
	1	IMMEDIATE CAUSE (Final	. List only one ce	use on each	mia.									Onset end	
	1	disease or condition resulting in deeth)	. Right	Corona	arv Ar	terv	Thr	ombos	sis						
		reading in death)	DUE TO	OR AS A CON	SEQUENCE C	OF):					_				
z		S-1000 NO	Arteri	loscler	otic (Card	iova	scula	ar D	isea	se.				
은		Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CON	SEQUENCE C	OF):									
3		cause. Entar UNDERLYING CAUSE (Disease or Injury	G												
E E		that initiated events	DUE TO	(OR AS A CON	NSEQUENCE C	OF):									
CERTIFICATION	1	resulting in death) LAST	d												
		PART it. Other significent condition	one contributing to	deeth but n	ot resulting	In the u	nderlyin	a celles (nlven in	Part i	24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FIR	IDINGS
₽ S	I	Traction of the contract of th			or rosarting	,		9 00000			PERFOR	RMED?		AVAILABLE PRIOR 1	ro
ă	1										1 X YES 2	□ NO		OF DEATH?	1032
MEDI										_				1 X YES 2 - N	0
PHYSICIAN:	i	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF O	EATH (Ch	eck only o	one)				
Š		1 XXYES 2 □ NO	1 Inpetient 2	XER/Outpatlan	et 3 🗆 DOA			ne 5 🗆 Ra	aldence	8 🗆 Oth	er (Specify)				
<u> </u>	1	27. MANNER OF DEATH	28e. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF	28c. IN.	JURY AT DRK?		28d. OE	SCRIBE HOW	NJURY OC	CURED		
BY		XXX Natural 5 Pending 2 Accident Investigation				М		YES 2	NO						
		3 Suicide 8 Could not b	28a. PLACE	OF INJURY — A	At home, farm,	street, fo	ctory, offic	00			CATION (Street or Town, State)		or Or Rural F	loute Number,	
	1	4 Homicide datermined	E-19-25							,	,				
COMPLETED	П	204. CERTIFIEN 1 CERTIFYING PHY	SICIAN: To the best of	of my knowledge	e, death occur	red at the	time, date	and place	, and dua	to the co	euse(a) and ma	nner as str	sted.		
¥	1	Contain gray) and menner as st	ated.
											e, data and place, and due to the cause(e) and men				
H		206. GIGNATURE AND THE S. OF CERTIF	acra					29c, LIC	ENSE NUI			29d. DA		(Month, Day, Year)	
2		TUN	N						OCM	1;			7-4-	90	
-		30. NAME AND ADDRESS OF PERSON Y		JSE OF DEATH											
		James A. Kaplan			nt -	111	Pen	n Str	eet	Ba	ltimore	e, MI	21	201 1	71
		31 PATTE FILED (World Con (Par)	who savetost	AB CONTRACTOR											
		000 0000			name of the										J



i examiner must be notified at once.	iMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink its after death. Page 6 may be retained by the hosp

	1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH		ENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Maureen F.	MEYERS						1990	3. TIME OF DEATH 2:43 pm	
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217-50-6660 9a. FACILITY NAME (If not inatitution, give st	19€-44-2 Ø F	P 2 F 43 YRS. MONTHS DAYS HOURS MIN.					ATE OF BIRTH Honth, Day, Year) 0-16-46 Be. BIRTHPLACE (State or Country) Maryland Be. COUNTY OF DEATH		
	Franklin Square H						Baltimore			
	Maryland Balt								10d. INSIDE CITY LIMITS? 1 1 Y YES 2 NO	
	10e. BTREET AND NUMBER	4.10			101. ZIP CODE	,			OF WHAT COUNTRY?	
	3102 Putty Hill 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes		HISPANIC , Mexican, f	ORIGIN? (Specify Yea Puerto Rican, atc.)	or No— 14.	S. A. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us Homemak	work done durin se retired.)	g most of working		Own Hon	ne	RY	
BE CO		sle McCormac			1	Franc	: (First, Middle, Maiden : Les Elizab	eth Ka		
2	190. INFORMANT'S NAME (Type/Print) Melissa E. Meyers						ne Number, City or Town		21234	
	20a. METHOD OF DISPOSITION 1	round from Stotu	PLACE OF DISPO- other place) Green Mo					cation – city timore	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	e Attent	8 -	ROBE		ALTEN	IBURG FUNE		OME, INC. MD. 21214	
	AMERIATE OALIGE (Elect	a. Other 05	nch ing	not antar the	mode of dyir	ng, such s	ss cardisc or respi	ratory srrest	Approximata interval Between Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to death but not resulting in the under Ventor cular behydradia in pa					oriying cause given in Part i. 24a. WAS PER 1 _ YES			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
	1									
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as attated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	and 191	luchi	oppo		NSE NUMBI			GNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH 31. DATE FILED (Month, Day, Year)			(Print)						
	JUL 06 1990	gran District	allenge	4						
	A 1 0 th	250							DHMH-18 Rev 1/89	

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₹	The
OF VIIAL RECORDS, P.O. BOX 13146,	PHYSICIAN
DIVISION	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
_	SPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-neurs after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN		HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH		3. TIME OF DEATH
Mannis Jorman M	Javo McNeil			MONTH Tills7	3 1990	YEAR	M
		In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HR	s. 7. DATE OF	BIRTH	6. BIRT	HPLACE (State or Foreign
225-52-0013	1, M 2 D F	52 YRS. MO	HTHS DAYS HOURS MIN			.Com	irginia
9e. FACILITY NAME (If not institution, give stre	A		b. CITY, TOWN OR LOCATION OF		h 3,1938	OUNTY OF D	-
7946 St. Bridge	t Lane		Dundalk			Balti	Lmore
10e. STATE 10b. COUNTY	Baltimore	10c. CITY, To	OWN OR LOCATION				10d. INSIDE CITY LIMITS?
PKC.	artmore		Dundalk				1 TES 2 NO
10e. STREET AND NUMBER			101. ZIP COOE		10g.	CITIZEN OF	WHAT COUNTRY?
7946 St. Bridge	t Lane		212	22		USA	
	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENOENT OF HIS If yee, specify Cuben, Me			- 14. RAC	E — Americen Indien, ck, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES 2 NO Sp		an, ato.)	Spec	olfy:
							White
15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	(Give kind of work	done during most of working	16b. K	IND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	tife. Do NOT use re					
llth		Forkli	ft Operator				
17. FATHER'S NAME (First, Middle, Last)					idle, Maiden Surnam	e)	
John Linwood Mc	Neil			arlotte			
19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Ru				
Linda McNeil			St. Bridget L		ltimore	MArv]	and 21222
20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remove	/all from State	other place)	ON (Name of cemetery, crematory	or	20c. LOCATION	- City or T	own, State
4 🖺 Donation 5 🗆 Other (Specify)		Oak LAwn (BAlt	more	Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	11	22. NAME AND ADDRESS OF	FFACILITY			
(Harris Illu F	- Learn Act	Umal	Connelly Fur	neral H	ome of I	Dunda]	lk 21222
23. PART I. Enter the diseases or co	mplications that cause	the death. Do not	anter the mode of dving.	such as cardis	c or reapiretory	arreat.	Approximate
ahock, or heart thirure. Li	st only one cause on e	ach line	Control esconder de Control	A 1.	4		interval Between Onset and Death
iMMEDIATE CAUSE (Finel disease or condition	<i>y</i> /	lo la shl	a Cand	1 #	lama		Onset and Death
resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):	c car	/ Ine	lung	-	
	DUE TO (OH AS A	CONSEQUENCE OF):	V	/			
Sequentially list conditions, b.	C b.						
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
	DUE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disease or injury							
ceuse. Enter UNDERLYING		A CONSEQUENCE OF):					
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events							
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	the underlying ceuse giver	ı in Part i.	AL WAS AN AUTOR	8Y 24	b. WERE AUTOPSY FINGINGS
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	the underlying ceuse giver	i in Part i.	AA. WAYAN AUTOP PERFORMED? Ves 2 San	3Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	the underlying ceuse giver	n in Part i.	AL WAS AN AUTOR PORPORMED? VES 2 MA	24 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	the underlying ceuse giver	n in Part I.	PERFORMED?	24 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A	CONSEQUENCE OF):	the underlying cause giver		VES 2 MA	24 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to deeth b	a CONSEQUENCE OF):	26. PLACE OF DEATH	(Check only one)	PERFORMED?	8V 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to death b	a CONSEQUENCE OF): Out not resulting in the consequence of the conseq	26. PLACE OF DEATH OTHER: Nursing Home 5 TReelder	(Check only one)	PERFORMED?	aroll .	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significent conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A contributing to deeth b	out not resulting in t	26. PLACE OF DEATH OTHER: Nursing Home 5 Theelder OF 28c. INJURY AT NY	I (Classick only one) nce 6 Other (28d. OESC	ves 2 M	aroll .	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	DUE TO (OR AS A contributing to deeth be contributing to deeth be contributing to deeth be contributed	Destient 3 DOA 28b. TIME C	26. PLACE OF DEATH OTHER: Nursing Home 5 Theolder OTHER: Nursing Home 5 Theolder OTHER: WORK7 M 1 YES 2 NO	(Chefick only one) nce 6 □ Other (28d. OESC	Specify)	OCCUREO	ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significent conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 1 Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A contributing to deeth be contributing to deeth be contributing to deeth be contributed as a contributing to deeth be contributed as a contribution of the contribution of	Detient 3 DOA 4 28b. TIME 0 INJUR A home, ferm, stre	26. PLACE OF DEATH THER: Nursing Home 5 Resider Pry 28c. INJURY AT WORK? M 1 YES 2 NO net, factory, office at the time, date end place, end in my opinion, death occured at	281. LOCAT City or due to the cause tithe time, data a	Specity) RIBE HOW INJURY TON (Street and Nur. Town, State) e(e) end manner ee and place, and due	OCCUREO miber or Rural stated. to the cause	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 PROPERSION OF CAUSE DF DEATH? Route Number,
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significent conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 1 Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A contributing to deeth be contributing to deeth be contributing to deeth be contributing to deeth be contributing to deeth be contributed as a contribution of the contribu	Destinet 3 DOA 4 28b. TIME 0 INJUR A home, ferm, streetly)	26. PLACE OF DEATH OTHER: Nursing Home 5 Precider OF 28c. INJURY AT WORK? 1 YES 2 NO eet, fectory, office at the time, date end place, end in my opinion, death occurred at	281. LOCAT City or due to the cause tithe time, data a	Specity) RIBE HOW INJURY TON (Street and Nur. Town, State) e(e) end manner ee and place, and due	OCCUREO miber or Rural stated. to the cause	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 PROPERSION OF CAUSE DF DEATH? Route Number,

existing the tetached for use as the burial-transit permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page. be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to builal, cremation, or removal.	IMPORTANT: If them 28 is marked, of them 23 shows any injury, or other returnant event, the medical examiner must be the
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	0	2 2	Ξ
	-	- 0	-1

	FOR STATE (OF MARYLAND / DEPARTM	MENT OF HEALTH AND !	MENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ostowski	UNDER 1 YEAR # UNDER 24 HRS.	2. DATE OF DEATH DAY	8 90	3. TIME OF DEATH 2:45 PM PLACE (State or Foreign)
į	098 24 2372 1X M 2 [☐ F 77 YRS. MO	NITHS DAYS HOURS MIN.	Oct. 15, 19	712 Pol	and
TOR	98. FACILITY NAME (If not institution, give street and numb Shade GOVR Adverts RESIDENCE OF DECEDENT	st Hospital	ROCKVILLE	ATH	9c. COUNTY OF DE	tgomery
DIRECTOR	Maryland Montgomery	10c. CITY, T	own or Location Rockville			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	323 North Van Buren St		101. ZIP CODE 2 0 8 5 0		10g. CITIZEN OF W	ted States
BY	1 News Married 2VV Married FORCES	CEDENT EVER IN U.S. ARMED 17 1 YES XXNO GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14. RACE Black Specifi	- American Indian, , White, etc. iy: White
DMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (College (1-4)) 16. DECEDENT'S EDUCATION (College (1-4)) 17. DECEDENT'S EDUCATION (College (1-4))	16a. DECEDENT'S US (Give kind of word life. Do NOT use in Carpente	k done during most of working etired.)	166. KIND OF BUS		
ie ebn	17. FATHER'S NAME (First, Middle, Last) Herschel Mostowsky			ME (First, Middle, Malden : Gitel (und		able)
2	Sharon Mostowski		poress (Street end Number or Rural) Keats Terrace,			20855
	20a. METHOD OF DISPOSITION 1/\(\Delta\) Burial 2 \(\Delta\) Cremation 3 \(\Delta\) Removal from Str 4 \(\Delta\) Donetion 5 \(\Delta\) Other (Specify)	nte 206. PLACE OF DISPOSITION Officer place) Mount Leba	on (Name of cometery, crematory or non Cemetery	Ade	cation - city or to	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Sonald M	Dien	22 NAME AND ADDRESS OF FA DONALD M. STE 232 CARROLL ST	IN HEBREW M	MEMORIAL	FUNERAL HOME
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Final disease or condition resulting in deeth)					Approximate interval Between Onset and Death 2 Days
CERTIFICATION	rf any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):				
MEDICAL	PART II. Other significant conditions contribut Chronic revol Va Sculifis	ing to death but not resulting in	tha underlying ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 11 inputte		26. PLACE OF DEATH (Ch DTHER:			
ву РНУ	1 Natural 5 Pending 2 Accident Investigation	ATE OF INJURY 28b. TIME (INJURY INJURY)	WORK? M 1 YES 2 NO	28d. DE\$CRIBE HOW II		Do de Mumber
	4 Homicide determined	LACE OF INJURY — Al home, ferm, struilding, etc. (Specify)	ны, пастоту, отнов	26f. LOCATION (Street a City or Town, State)		route Nutriber,
COMPLETED	cnel cony	best of my knowledge, death occurred ale of examination end/or investigation,				e) and menner as stated.
TO BE C	296. 9GO STURE AND TITLE OF CERTIFIER 30. MAME AND ADDRESS OF PERSON WHO COMPLETE	berbegs /	MD D26	540	▶ 6 2	(Money, Day, Year)

6220

32. REGISTRAR'S SIGNATURE

JUL 0 6 1990

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GaiThen

Frederich Rd.

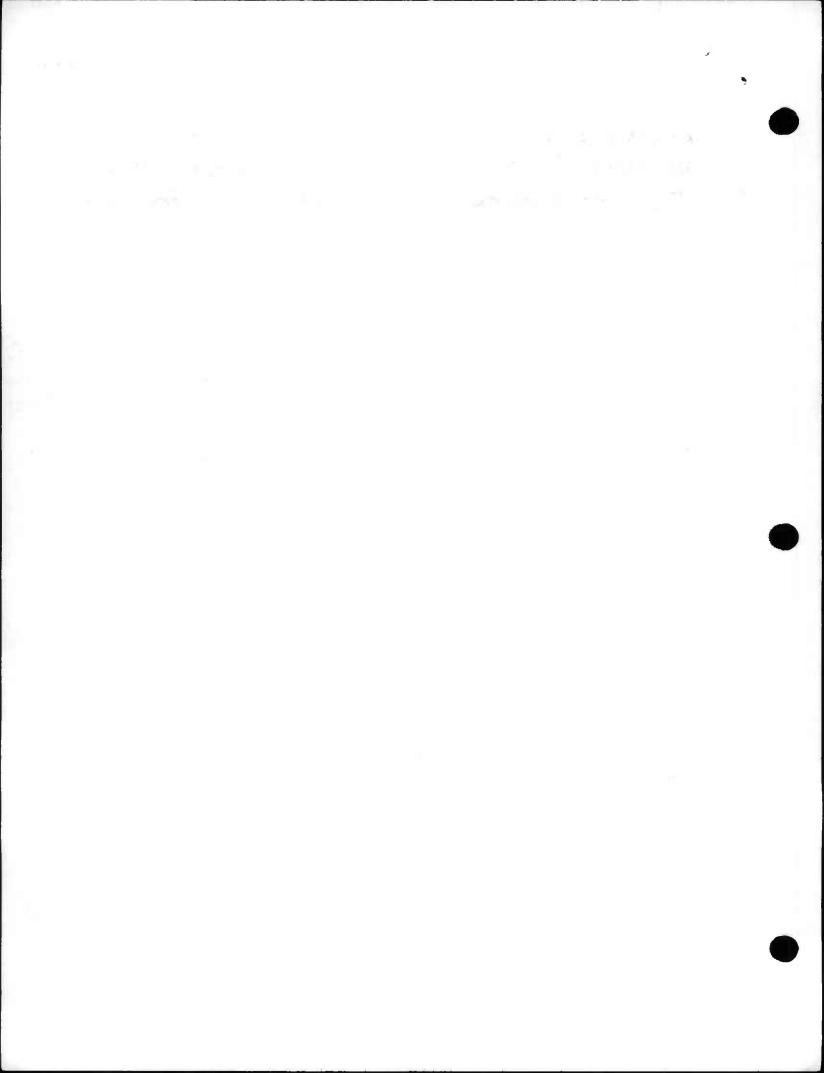
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF D	DEATH	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	40 VE	3. TIME OF DEATH	
	ELEANOR B. N.	OHE				MONTH D	7 90		
	4. SOCIAL SECURITY NUMBER 5. S	1	yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign	
	010-05-1711	M 2 💢 F	70 YRS.		HOURS MIN.	(Month, Day, Year) 04/14/2	20 1	MARYLAND	
e l	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF GEATH 90. COUNTY OF DEATH 70/USON 80. COUNTY OF DEATH 70/USON								
5	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY		40. 0077	01101 00 1 001710			1240	141 110105 0174	
DIRECTOR	MARY AND BALT, MORE PARKY, WE					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO			
FUNERAL	100. STREET AND NUMBER	10f. Z	P CODE	10g. CITIZEN	OF WHAT COUNTRY?				
Ž I		WAS OECEDENT EVER IN	U.S. ARMED	13. WAS DECEN	RACE — American Indian,				
BY FI		FORCES? 1 1 YES			Ify Cuban, Mexico	n, Puerto Ricen, elc.)		Black, White, atc.	
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S US (Give kind of work	done during most	of working	16b. KIND OF BU	SINESS/INOUSTF	N SI I Z	
COMPLETED		llege (1-4 or 5+)	ille. Do NOT use re	Home					
M	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)		
	JOSSEH JO	HO BAR	nicks)		5150	OOR B	0	UERNSCHUB	
8	19a. INFORMANT'S NAME (Type/Print)	THI DITE		DRESS (Street and	Number or Rural I	Route Number, City or Tow			
2	FAMILY RECO	ROS	5	AMI	AS AS	BOVE			
	20e, METHOO OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal to	20b.	PLACE OF DISPOSITI	ON (Name of ceme	tery, crematory or	20¢. LC	CATION - City	or Town, State	
	4 Donation 5 Other (Specify)	Tom State	ARKWO	13-1 Oc	7272R	y TA	RKVIL	15 MO.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E		22. NAME AND	AODRESS OF FA	CHIT OF M	:Mori	ئية '	
	Load to M	A con		8800	HARF	FORD RUA	0-PA	RKVILLE	
	23. PART I. Enter the diseases, or comp shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	only one caluse on as	ch line.	enter tha mode	a or aying, suc	n as cardiac or resp	iretory streat,	Approximate Interval Between Onset and Dasth	
		DUE TO (OR AS A	CONSEQUENCE OF):						
S	Sequentially list conditions, DUE 70 (OR AS A CONSEQUENCE OF):								
A	If eny, leading to immediate cause. Enter UNDERLYING	550.0 (0.1.20	2011020021102 01 j.					į	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
E	resulting in desth) LAST								
EDICAL	PART II. Other significent conditions co	ntributing to death bu	it not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
E E								1 YES 2 NO	
ž									
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF OEATH (Ch	eck only one)			
SIC		QSPITAL: Linpatient 2 - ER/Outpi		THER:	5 - Residence	6 Other (Specify)			
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJUI	RY AT K?	28d. DEŞCRIBE HOW	INJURY OCCURE	:0	
BY	1 Netural 5 Pending 2 Accident Investigation	11 11 11 11 11 11 11 11 11 11 11 11 11			S 2 NO				
COMPLETED E	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — Al home, ferm, atreet, factory, office building, elc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	290. CERTIFIER	To the heat of my knowl	edge death occurred	at the time, date o	nd place, and due	In the cause(s) and me	oner as stated		
MP	(Check only one) 2 MEDICAL EXAMINER: Or							use(e) end manner ea stated.	
	29b, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			GNED (Month, Day, Year)	
BE	Magtin 1	Duna	m	. 1	1)///	197	> 7	14/90	
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OE	ATH (ITEM 27) (Type A	rint)	0	1	1	7//	
	BEATRIZ,	P. 012	-ON	st.	Long	Dogo	etal	Touson my	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE:	1	U				
	JULU 1330 7 7								



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and at once.

1 - STATE REGISTRA
1. DECEDENT'S N
4. SOCIAL SECUR
25103
90. FACILITY NAM
Washin
RESIDENCE

	REGISTRAR		C	ERTIF	ICATE (OF I	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM M. ORDMAN 2. DATE OF DEATH MONTH 7				7 DA	W 1	YEAR 90	3. TIME OF DEATH OSTO AM				
	4. SOCIAL SECURITY NUMBER 25103588	5. SEX 1 M 2 F	8. AGE (In yrs. In 70	yrs.	MONTHS DA		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De Nov., 1	v Wanti	6. BIRTHPLACE (State or Foreign County) Maryland		
OR	99. FACILITY NAME (If not institution, give street and number) Washington Adventist Hospital				-	96. CITY, TOWN OR LOCATION OF DEATH Takoma Park				ontgomery		
5 1	RESIDENCE OF DECEDENT											
DIRECTOR	Maryland Pri	nce Gerog	e's	10c. CIT	y, town of L Gr		on ibelt					10d, INSIDE CITY LIMITS? 1 TYPES 2 NO
اپ	10e. STREET AND NUMBER			1		101. 2	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	7931 Mandan Road						20770			United States		
В	11. MARITAL STATUS 1 Never Merried 2 Neveried 3 Widowed 4 Divorced	IF YES, GIVE W	yES 2	NO	If ye	s, spec	NDENT OF HISPAN city Guben, Mexicen 2 TNO Specify.	, Puerto Ricer		or No—	14. RACI Bleck Spec	E — American Indian, k, White, etc. White
	15. DECEDENT'S EDU				USUAL OCCU			16b. KJN	D OF BUS	SINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+) "	Sales		ig most	t or working	Mur	ry's	Ste	aks,	Wholesale Foods.
Σ												
BE CO	17. FATHER'S NAME (First, Middle, Last) Robert Ordman						Jennie I			Surname)		
00	19e. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS (St	reet and	d Number or Rural R	loute Number, C	City or Town	n, State, Zi	ip Code)	20770
946	Edith Ordman		_			_		. 202,				Maryland
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other p	olace)			etery, cremetory or				hurc	mn.state h, Virginia
00	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 s.rug	Davi	22. NAN	AE AND	ADDRESS OF FAC	HLITY				
	> Sonald	m.	Ste	en								FUNERAL HOME
	23. PART i. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)					mod		n aa cardlac	or reapl	ratory ar		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
		d										
	PART II. Other significant condition	ns contributing to	death but not	resulting	in the under	rlying	cauaa givan in	Part i. 24	. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
EDICAL				-					PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
ă									YES 2	KNO		OF DEATH?
		_						-				1 TYES 2 NO
Ä												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Che					
ΥS	1 TYES 2 NO	1 Inpatient 2		-		_	5 Residence					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b. TIR	JURY	wor		26d. DEŞCRI	BE HOW I	NJURY O	CCURED	
- 1	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At It etc. (Specify)	nome, farm,	street, factory,	office			ON (Street own, State)		er or Rural	Route Number,
COMPLETED	cont only	ICIAN: To the best of exercises of exercises and exercises are sentenced by the sentenced b										a) and manner as stated.
BE	296. SIGNAPOTHE OND TITLE OF CENTRIE	Katzen	1.1).			29c. LICENSE NUN	MBER Z		29d. DA	7-/	O (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE	A TIN	SE OF DEATH (IT	EM 27) (Type	9, Print)	Yor	OUYe. U	Rd	(1	1.70	~ /	71)
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	4			070.0	/ .		10/5	-	- /
	JUL 0 6 1990 guli	a Javidson-1	andell									

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

BALTIMORE, MARYLAND 21203-3146

permit.

BOX 13146 P.O. RECORDS. DIVISION OF VITAL

n and com to burial, traumatic signed by the attending physician Health and Mental Hygiene prior to death certificate be other 6 Injury. any Shows certificate has been n the State Dept. of MB 23 item ATTENDING PHYSICIAN: -0 this c marked, L OR ATTENDING PR. DIRECTOR; After the hours after death w 65 28 Item HOSPITAL FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 7.

8-8-90 cm 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 7-1. DECEDENT'S NAME (First, Middle, Last) 3. TIME DE DEATH YEAR Shelby 40 PLUCK 10:30 AM 6 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 NRS. 3 1 M 2 KF 164-68-2208 YRS. 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 109 Main Street 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 19310 .A TAIL 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 MND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 25 NO Specify: 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 1 Never Married 2 Married Specify. 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) SOWARD HAR 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, FAMILY 20a, METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removel from State 20b. PLACE DF DISPOSITION (Name of ce other place) 20c. LOCATION - Cify or Town, State HA. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OF CHIMES OR 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Fine) cardiac arrest disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): Syndrom Mobius Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? dependence Ventilator 1 TYES 2 ND Disorde 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Propertient 2 - ER/Outpetlent 3 - DOA OTHER: 1 TYES 2 NO 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

D3 89

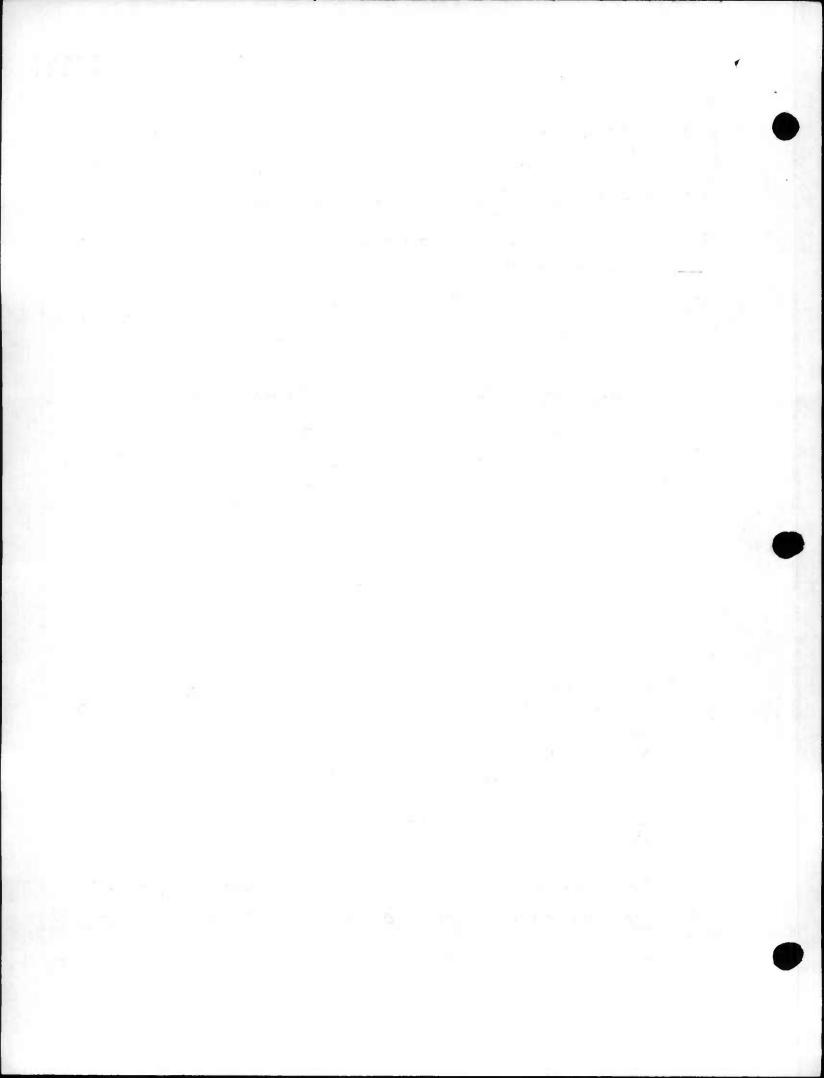
W. Rogers fre

29d. DATE SIGNEO (Menth, Day, Year)

COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) Redianic Mt. Washington Hosp. 1708

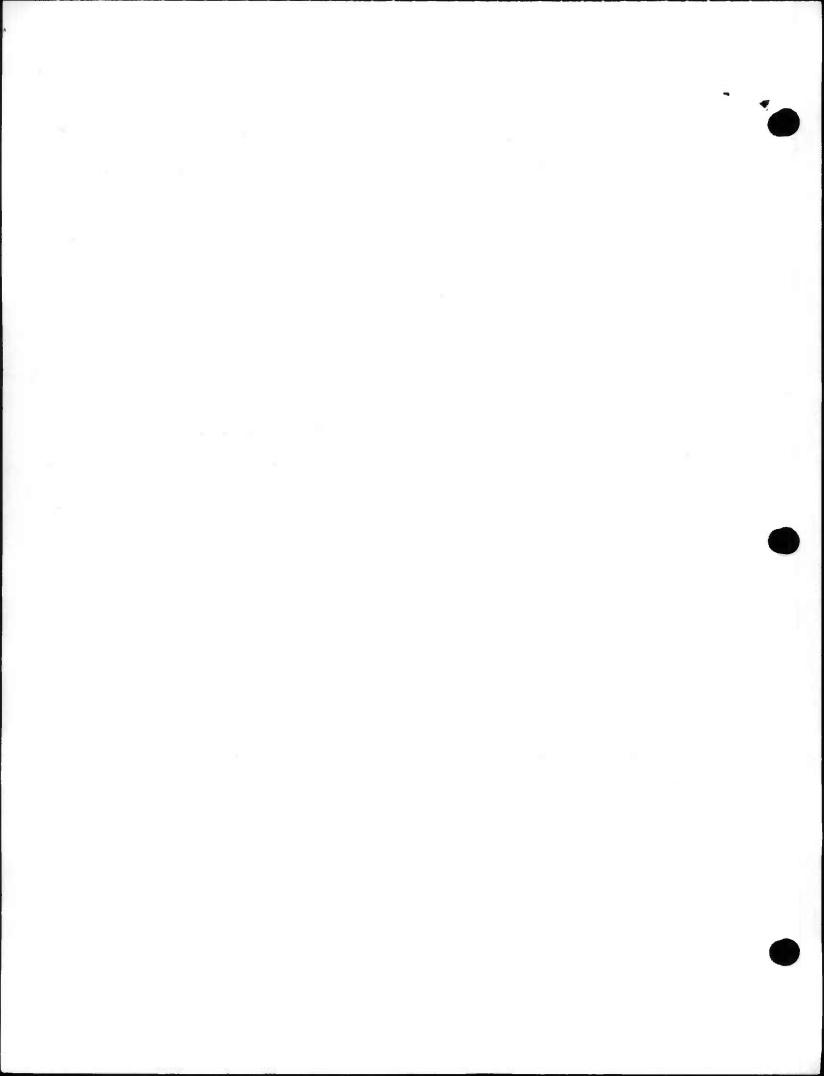
JUL 0 1990

32. REGISTRAR'S SIGNATURE a Jackdson-Randell



•	1 - FOR STATE REGIST
	1. DECEDENT
	4. SOCIAL SE 213-
TOR	9a, FACILITY
DIREC	100. STATE
NERAL	10e. STREET
BYFU	11. MARITAL S 1 Never M 3 Widower
e	Elementary
MPL	91
BE CO	17. FATHER'S
TO 8	19e. INFORMA

	REG. NO.	
- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH	3. TIME OF DEATH
- 1	MARTINRPHIPPS, SR. MONTH DAY	90 6 A M
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	012 02 2275 - MONTHS DAYS HOURS MIN. (Month, Day, Year) /	Country)
	01/20110	MIDI
		OUNTY OF DEATH
5	5 ST JOSEPH'S HOSPITAL TOWSON TO	BALTIMORE
KI	RESIDENCE OF DECEDENT	
Ĭ I	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
DIRECTOR	Mary an RAIT mass Packwills	1 TES 2 NO
- 1	10c. STREET AND NUMBER	CITIZEN OF WHAT COUNTRY?
BY FUNERAL	2000	0.211
뿌	I TUODAS LOURT STAGE	U-3.17.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No- If yee, specify Cuben, Mexican, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, atc.
5	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:	Specify:
100	a widowed 4 Divorced	37.HW
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	/INDUSTRY
	Elamentary/Secondary (0-12) College (1-4 or 5+)	
리	TRUCK DRIVER 19.50	abil Co.
2	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnam	nel .
BE	LARIN FAIRS	0.00
0		, Zip Code)
F	FIFAMILY RECORDS SAME AS ABOVE	
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION	I — City or Town, State
	1 Suriel 2 Cremellon 3 Removal from State other place) 4 Oonsilon 5 Other (Specify)	00 mas 20 -1-
		PIPSICIAL IO.
	SVANCHAPEL OF 1	moris
	Howk Acrom A 8800 HARFORD ROA	O-PARKVILLE
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory	
	shock, Dr heart fellure. List only one cause on each line.	Interval Between
	IMMEDIATE CAUSE (Finel	Onset end Death
	disease or condition	0
	DUE TO (OR AS A CONSEQUENCE OF):	
	7 N	
Z		
NO.	Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF):	
ATION	Sequentielly list conditions, ff sny, leading to immediata cause. Enter UNDERLYING	
FICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events to the property of the prope	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	
SERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	
L CERTIFICATION		
		AMILABLE PRIOR TO COMPLETION OF CAUSE
		AMILABLE PRIOR TO COMPLETION OF CAUSE
		AMILABLE PRIOR TO COMPLETION OF CAUSE
		O OF DEATH?
		O OF DEATH?
		O OF DEATH?
		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PULMONARY EMPHYSEMA. 24a. WAS AN AUTOF PERFORMED? 1 VES 2 NO. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO. 1 Inpetient 2 EN/Outpetient 3 DOA OTHER: 1 VES 2 NO. 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year) 1 No. Notural 5 Residence 8 Other (Specify) 28d. DESCRIBE HOW INJURY WORK?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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	permit. Pages 7, 2, 3 should	,
BALTIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within 5-mours after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Bage 7, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. 4. or Nem 23 shows any Indury, or other traumatic event, the medical examiner must be netified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or flem 23 shows any Indury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Stella C Prime					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF SEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (PC-Y73. Too		IF UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	./2	8. BIRTHIPLACE (State or Foreign Country)		
œ	9s. FACILITY NAME (if not Institution, give street and number)			OR LOCATION OF DE	АТН	9c. COUNTY OF DEATH			
2	Stella Maris Hospice		10w	son		Ba	ltimore		
REC	10a. STATE 10b. COUNTY		TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
	Maryland Baltimore County 10e. STREET AND NUMBER	PI	Phoenix				1 TYES 2 NO		
PA	14207 Manor Road		101. ZIP CODE 2.1.1.3.1			U.S.A.			
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 YES SALVE WAS OR DATES.	RMED NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexican		y Yes or No. 14. RACE — American Indian,			
Э ВУ	3 X(Vidowed 4 Divorced		1 YES 2 DHO Specify:				White		
COMPLETED	(Specify only highest grade completed) (G		ISUAL OCCUPAT ork done during in cotined)		16b. KIND OF BU				
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +)		Kitchen			Baltimore County Schools			
NO	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Maider		515		
BE C	Adam Popp			Ste	lla J. Ch	enowe	eth		
10 8					loute Number, City or Tox				
F					noenix, M	aryla	nd 21131		
	1 Burial 2 Cremation 3 Removal from State other pl	of Disposition of Dis		emetery, cremetory or emer Ceme		CATION —	City or Town, Stats Ore		
	21. SIGNATURE OF FUNERAL BERNICE LICENSEE Paul T. Lochstampfor		Lem		ell-Wiedet		Inc. ium, Md. 21093		
CERTIFICATION	disease or condition resulting in death) a. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
	d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
: MEDICAL	PERFORMED? AVAILABLE PRIOR TO						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one)								
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3	3 DOA	OTHER: 4 - Nursing Ho	me 5 - Residence	6 (XOther (Specify)	Hos	spice		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Metural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME INJU	IRY V	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CUREO		
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER; On the basis of examination and/or								
TO BE C		ude		29c. LICENSE NUM D 2708		29d. DAT	7 5 90		
	30. Name and address of person who completed cause of death (ite Carla S. Alexander, M.DStella	Maris		.ce-Dulane	ey Valley	Rd7	Towson 21204		
	31. DATE FILED (Month, Day, Your)	ASS.							

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		IMENT OF H		MENTAL HYGIEN REG. NO.	E		10224
i	1. DECEDENT'S NAME (First, Middle, Last)		OLITITI	OAIL OI	DEATH	2. DATE OF DEATH	AY YE	3. T	TIME OF DEATH
	James	Max		Pau	ali	7-1-90		8:	39PM M
	4. SOCIAL SECURITY NUMBER 096-444-7979	1 № M 2 🗆 F 49	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02 07 47		ountry)	CE (State or Foreign Md.
_	9e. FACILITY NAME (If not institution, give str				R LOCATION OF DE	ATH	9c. COUNTY		
5	St. Mary's Rect	ory		Ar	nnapolis		Anne A	runc	del County
DIRECTOR	10e. STATE 10b. COUNTY	Arundel		, town on Locat Annapoli				1	. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 109 Duke of Glow	chester Street	et	101	21401		10g. CITIZEN	of what .S.A	COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	10000	Black, Wt	American Indian, nite, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)		USUAL OCCUPATION ork done during more retired.)	ON set of working	16b. KIND OF BU	SINESS/INDUST	RY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Maximilian Po	uli	,,,			ME (First, Middle, Maiden Laherty	4		
TO B	180. INFORMANT'S NAME (Type/Print) Rev. John Murray	C.Ss.R.		,		Poute Number, City or Tow Ser St. Ann		-	21401
	20e. METHOD OF DISPOSITION 1 K Burlet 2 Cremetion 3 Remote 4 Donetion 5 Other (Specify)	ovel from State	other place) ICREA Hea		motory, crematory or lesus (em		ecation - city		State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE D. Jule	~	Chan	nd address of factors S. Z	ciler & Sc	on Inc.	901 (on	S. kling St.
		complications that caused List only one cause on ea							Approximste interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Arterioscle			cular di	.sease			
Z	Sequentially list conditions,	b	CONSEQUENCE OF						
CATIC	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A	CONSEQUENCE OF	ī): 					
CERTIFICATION	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	Ē):					
- 1	PART II. Other algnificent condition	a contributing to death b	ut not resulting i	in the underlyin	g ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
CA						1 YES 2		co	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Æ									YES XXXO
PHYSICIAN: MEDICAL						INSPI	ECTION		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	eck only one)			
YSI	EXAMINER?	1 - Inpetient 2 - ER/Outp		4 - Nursing Hor	ne XXX Aesidence				
ВУ РН	27. MANNER OF DEATH XXX setural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, : cify)	street, factory, offi	De .	281. LOCATION (Street City or Town, State	and Number or I)	Rural Routi	a Number,
COMPLETED	Check only	ICIAN: To the best of my know						euse(e) en	d manner ee stated.
8	29b, SIGNATURE AND TITLE OF CERTIFIE	\sim			29c. LICENSE NUI		29d. DATE SI		onth, Day, Year)
2	20 HOUR AND ADDRESS OF PRINCH WA	O COMPLETED CAUSE OF DE	ATH (ITEM OT) (See	(Defeat)	CCIAL			/	2 20

111 Penn Street, Baltimore, MD 21201

Ann M. Dixon, MD

31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. From: after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examing afters is notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH **EDMOND** BOWEN OUILLIN UNE 23, Ам 1990 1:00 7. DATE OF BIRTH
(Month, Day, Year)
JANUARY 18,1905 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE 091 05 2487 85 Maryland 1 K M 2 | | Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Worcester DIRECTOR Berlin 509 South Main Street RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10h COUNTY 10a STATE 10d. INSIDE CITY Maryland Worcester Berlin XX YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 104 STREET AND NUMBER 101 ZIR CODE FUNERAL 509 South Main Street 21811 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 XXMarried IF YES, GIVE WAR OR DATES WWII Specify: 1 YES 2 NO Specify: White BY 3 Widowed 4 Divorced ED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY COMPLET College (1-4 or 5+) 4yrs. Elementary/Secondary (0-12) Banking/Poultry Industry Banking/Poultry Industry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bertie Aydelotte Bowen Jehu Dirickson Quillin BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 509 South Main St. Berlin, MD Frances Hyde Quillin 20k METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Paul's Episcopal Cemetery Berlin, MD 21811 Donation 5 - Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home 108 Williams St. Quertas Berlin, MD 2181 23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximata intarvai Between shock, or heart failure. List only one cause on asch line. Onset and Death IMMEDIATE CAUSE (Final disease or condition audien anut resulting in death) DUE TO (OR AS A CONSEQUENCE OF): arterioseleveta Condividucally Susian CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL PERFORMED? COMPLETION OF CAUSE 1 YES 2 NO 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 1-NO 28a. OATE OF INJURY (Month, Day, Ybar) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 -Matural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 🛄 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Day, Year) BE Lundel M. www MD 6/25/90

CHMC

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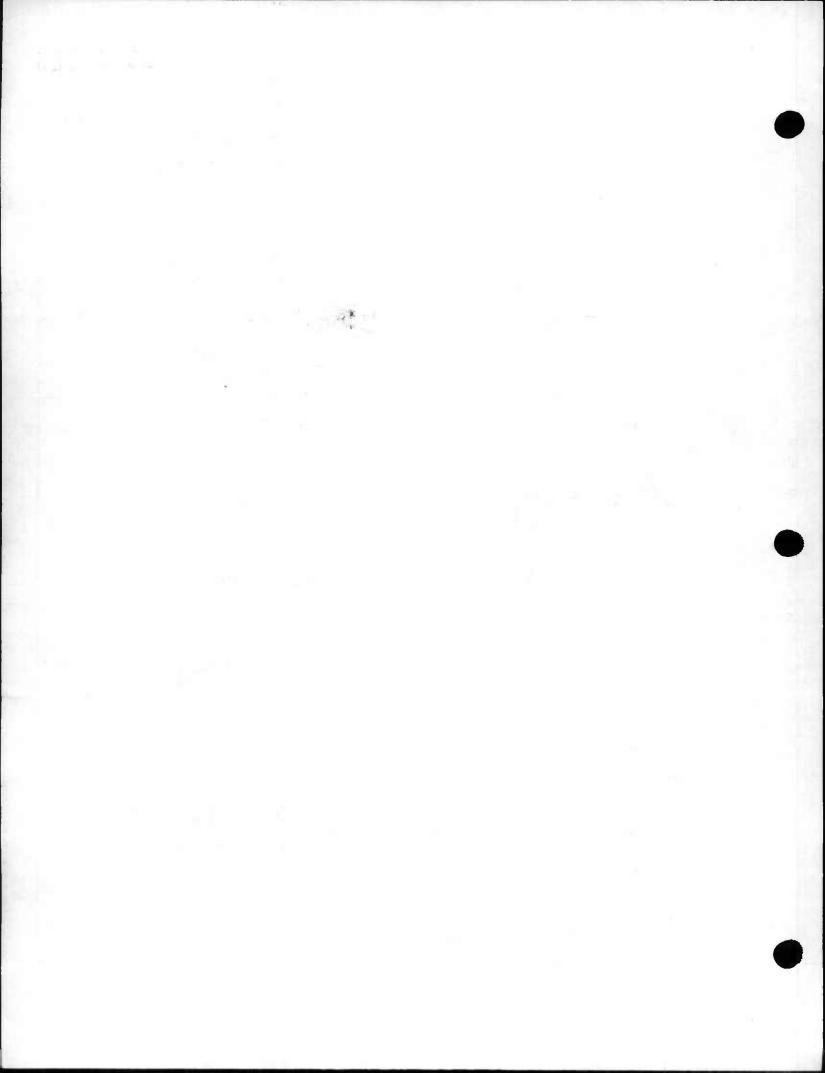
31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WOOD

MD Julia Pavidson-Mandell

2

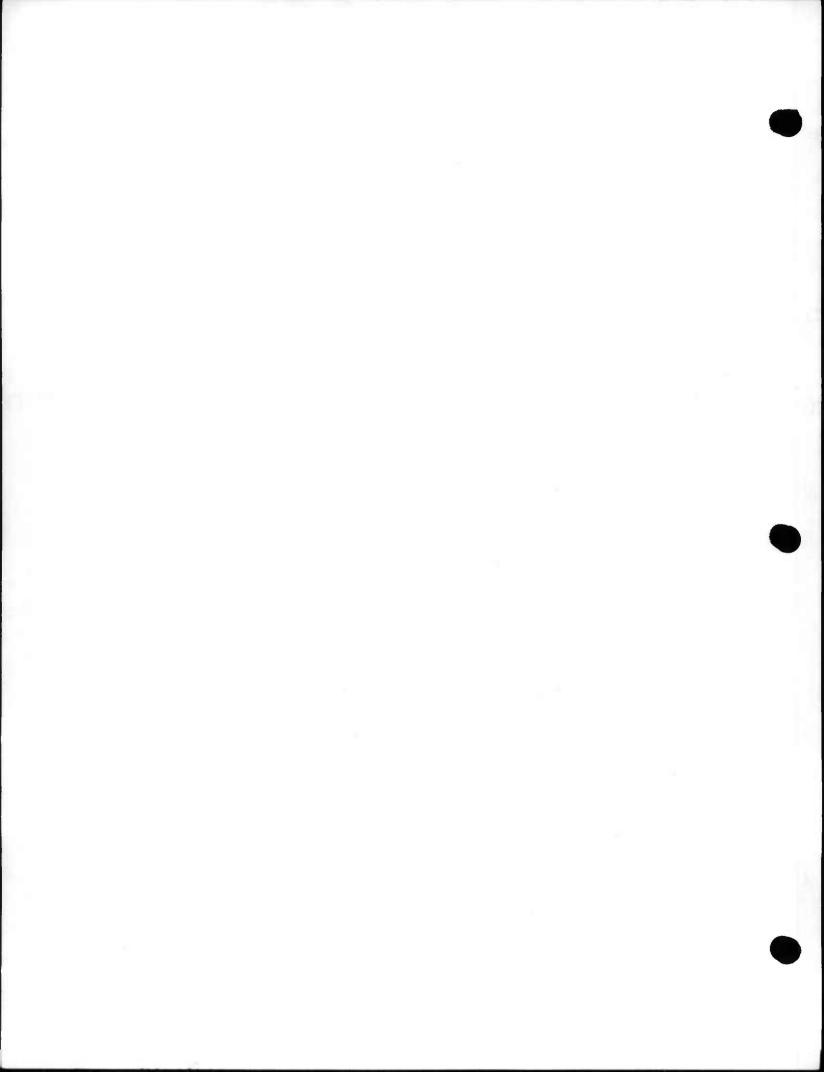
DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, if

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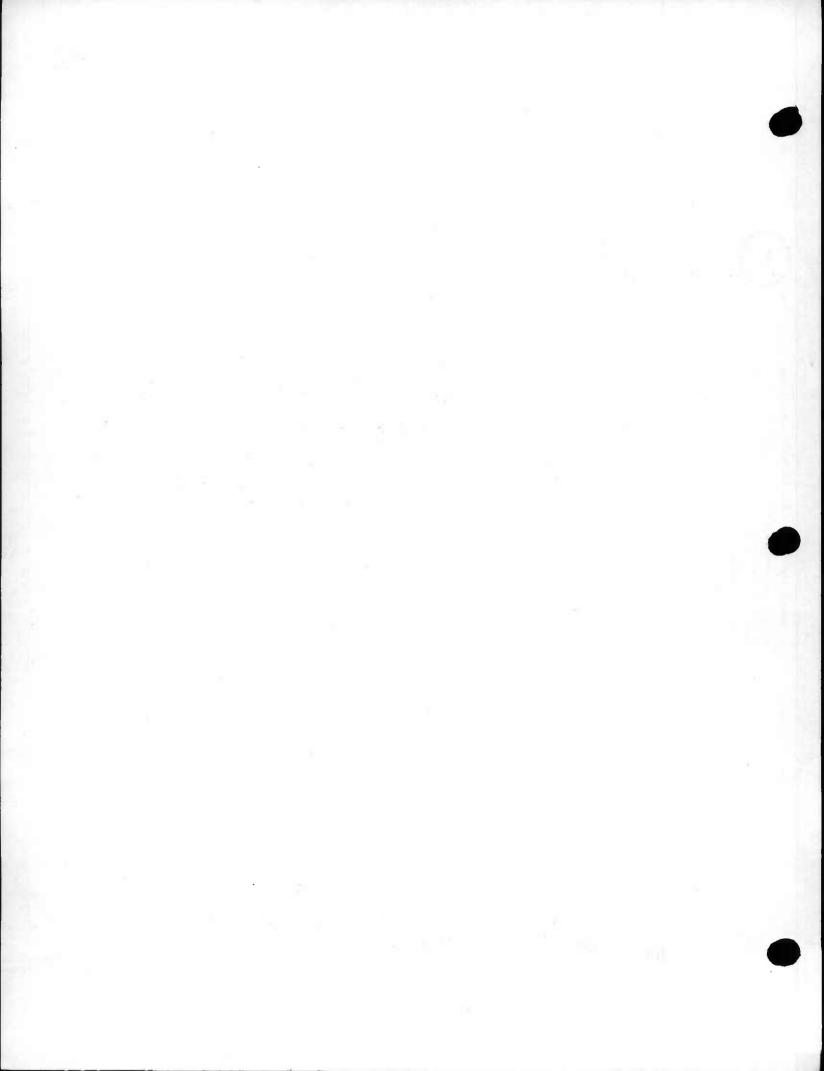
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las		RICHARD:	SON		2. DATE OF DEATH DO NOTH DO 7 - 03 -	AY O O	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year) 11 - 14 -		8. BIRTH Countr	IPLACE (State or Foreign
	216 - 16 - 7610 9a. FACILITY NAME (If not institution, give	1 M 2 F 7	1 YRS.		OR LOCATION OF OR			UNTY OF D	" MD
0 B	ST. JOSEPH	HOSP.		BAL	TIMORE,				
REC	10e. STATE 10b. COUR	ety .		TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	M D 100. STREET AND NUMBER			TIMOR_	of, ZIP CODE		10g. CI	TIZEN OF V	1 YES 2 NO WHAT COUNTRY?
FUNERAL DIRECTOR		RD. APT			21212			USA	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X ND	If yes, a		NIC ORIGIN? (Specify Ye ın, Puerto Rican, etc.) y:	e or No—		E — American Indien, k, White, etc. BLACK
MPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12) 11th		18e. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during n retired.)	ION post of working	16b. KIND DF BU	SINESS/IN	IDUSTRY	
8	17. FATHER'S NAME (First, Middle, Lest) FRANCES STAI	MIEV	ONEMIL	JILD	18. MOTHER'S NA	ME (First, Middle, Maiden E MAE	Surneme)		
#	ea. INFORMANT'S NAME (Type/Print)		111		end Number or Rural	Route Number, City or Tov	vn, State, Z	(ip Code)	
61	CARROLL RICHA	200	741	TION /Name of c		BALTIMOR		(D.	21212
	↑ Standard S Commention S I Per 4 I Densition S I Other (Specify)	emoval from State	BALTIMOR	RE CE	METERY	ВА			, MD.
et e	STORMATURE OF FUMERAL SERVICE	l. De	nson	/	MARCH		01 E	. N	ORTH AVE.
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due 17 199 As	d the death. Do noted line.	rata	alar	has cardiac or resp AMC FaMu	iratory a	rrest,	Approximate Interval Between Ordet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Due to jon As.	CONSEQUENCE OF	ron an	prter	y Dby	as		Year
MEDICAL	PART II. Other significant condit	lons contributing to death	but not resulting in	n the underly		Part I. 24s. WAS AI PERFO	RNED?	Y 24t	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES, 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	potient 3 DOA	OTHER:	PLACE OF DEATH (C)	A STATE OF THE STA			
PHYSICIAN:	27, MANNER OF DEATH	28a. DATE OF BUILDRY (Month, Day, Year)	26b, TIME	OF 25c. II	MURY AT WORK?	28d. DESCRIBE HOW	INJURY O	CCURED	
TED BY	Accident Investigation Suicide 6 Could not determined	28s. PLACE OF MUUR building, etc. (Soc	Y — At home, ferm, a	treet, factory, of	lce	281. LOCATION (Street City or Ewn, State	and Numb	wer or Flured	Route Mumber
COMPLETED	CONSUM CITY	IVSICIAN: To the best of my know							is) end manner ee stated.
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	JUL 06 1990 3	fulia Davisson-Mon	and and		/	m1	2/	106	OHMH-16 Rev 1/89



	cuted within z mours after death. Page 6 may be retained by the hospital or attending physican	d completely filled in by the funeral director, page 5 should be detached for use as the burial-time! per	1	
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STATE	0F	MARYLAND .	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	ГН		REG. NO.

STATE REGISTRAR	STATE OF MARY	LAND / DEPARTME CERTIFICA	NT OF HEALTH A	ND MENTA	L HYGIENI	E	
1. DECEDENT'S NAME (First, Middle, Las	st)						3. TIME OF DEATN
MARY	EDITH	RODI	AM				
4. SOCIAL SECURITY NUMBER				HRS. 7. DATE	OF BIRTN	8. 8	IRTNPLACE (State or Foreign
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				OI OLAIN			
10a. STATE 10b. COUL	NTY	10c. CITY, TOW	N OR LOCATION				10d. INSIDE CITY
Maryland		Balti				10- CITITEN	1 X YES 2 NO
	Et Dood)			
		INITE ABUED			10 (016. V		
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES7 1 YE	s 2XX0	If yes, specify Cuban,	Maxican, Puarto			Black, White, atc. Specify:
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S USUA	OCCUPATION	16	. KIND OF BUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use retire	ne during most of working d.)				
		Clerk	100 m				nent
	0	17				_	
	C.						
		19b. MAILING ADDR	ESS (Street and Number or	Rural Route Nun	aber, City or Town	n, State, Zip Coo	21239
XXBurial 2 Cremetion 3 R	amoval from Stata	other place)			1000		1120-1121-1
4 ☐ Donation 5 ☐ Other (Specify)					Ba1	to.Co	.,Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				1 Hom	0	
Exclin o	St. Johns	on					on MD2120
Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OR A	S A CONSEQUENCE OF):	The state of the s	~ 7			
	d	but not resulting in the	underlying cause giv	en in Part i.	PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 🗆 DOA 4 🗀	IER: Nursing Home 5 X Resi	dence 8 🗆 Ott	er (Specify)	N HIM OCCUP	En .
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PHYSICIAN: MEDICAL CERTIFICATION

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31. DATE FILED (Month)

10a. STATE

MARYLAND

11. MARITAL STATUS

FOR STATE REGISTRAR

ital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	detache		once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 0 MONTH MARY IRENE ROBERTSON 02 5:16 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 19-08-1918 PENNSYLVANIA 71 219-28-2723 1 - M 2 X F YRS. 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO BALTIMORE CITY 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP COOE 1008 EVANS WAY 21205 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES WHITE 3 XWidowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+) N/A ndery (0-12) 8TH GRADE BOOKBINDER OPTIC BOOK BINDING 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ELIZABETH IRENE FREDRICK FRANKLIN EDWARD KAUFFMAN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2813 McCOMAS AVENUE HARRIET M. YEAGER BALTIMORE, MARYLAND 21222 20a. METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Rec 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State GARDENS OF FAITH CEM. 7-6-1990 BALTIMORE. MARYLAND □ Donation 5 □ Other (Specify) DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7922 WISE AVENUE DUNDALK, MD 21222 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. **Onset and Death IMMEDIATE CAUSE (Final** 0 , 1 disease or condition

	(Month, Day, Year)	INJURY	WORK?		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCUP	RED
EXAMINER?	HOSPITAL: 1 Pinpetient 2 ER/Outpetient 3	DOA 4 N	R: ersing Home 5 Residence	6 Other (Specify)	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Ch	eck only one)	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	d.	INERCESON:		Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Commendation that are allowed	" Oven Hoght Supe	en-Mi	tral Value Re	elgrement + CAR	9/15
resulting in death)	DUF TO (OR AS A CONSEC	UENCE OF:			145

29e. CERTIFIER eath occurred at the time, date and place, end due to the cause(e) end menner ee stated.

29b, SIGNATURE AND TIT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 628/48-E

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

6 Could not be

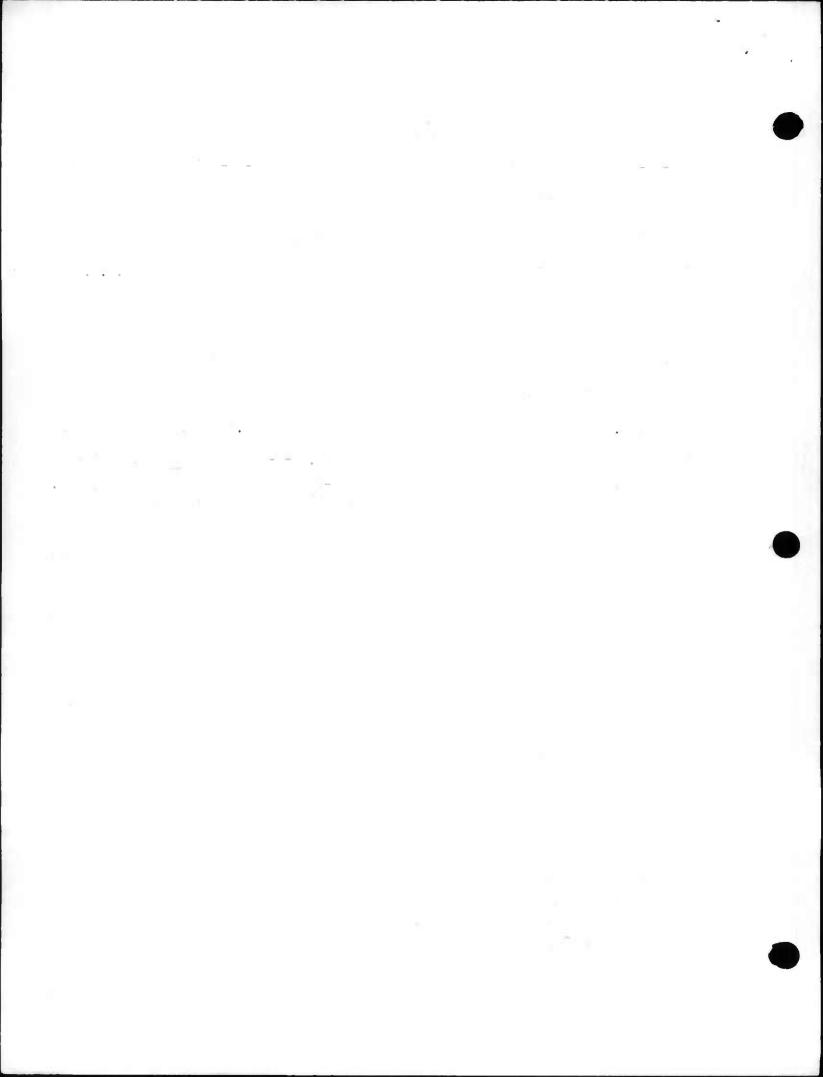
Jo

32. REGISTRAR'S SIGNATURE

Waydoon-Randell

28e. PLACE OF INJURY -- At he building, etc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Humana mine in human and completely fill

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be retained by the hospital or attending physician.	age 5 shoot be octached for use as the burial-transit permit. Pages 1, 2, 3 should	be petitled at ance.	TO BE COMPLETED BY FUNERAL DIRECTOR
10 THE HIGSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zeneurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be exached for use as the burial-transit permit. Pages 1, 2, 3 should be distributed from the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be perfect at ance.	D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)		021111110			2. DATE OF DEATH		3. TIME OF DEATH
WALTER	R REYNOLI)S			07 03	90	10:25 A. M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
218-03-1600			THS DAYS	HOURS MIN.	(Month, Day, Year) 06 07	Cou	MARYLAND
9a. FACILITY NAME (If not institution, give s	treet and number)	96	CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
LONG GREEN NUF	RSING HOME		BAL	TIMORE _			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	100 CITY T	OWN OR LOCAT	TION			10d, INSIDE CITY
MARYLAND			LTIMOR				LIMITS?
10a, STREET AND NUMBER		DE		. ZIP CODE	<u> </u>	I 40- CITIZEN OF	WHAT COUNTRY?
	D 1		"	212	7.7	US.	
3721 Keswick	Y		T 40 1110 054		<u></u>		
11. MARITAL STATUS 1 📆 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO	If yes, sp	ecity Cuban, Maxica	IC ORIGIN? (Specify Yes	Bit	CE — American Indian, ick, While, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES	2 X NO Specify		Sp	WHITE
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	JAL OCCUPATE	ON	16b. KIND OF BUS	SINESS/INDUSTRY	WILLEL
(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	ist of working			
12TH	Conega (1-4 or 5+)	RETIRE	ZD.		1 1	J.S.F. &	G.
17. FATHER'S NAME (First, Middle, Last)		I REFERE	10	18. MOTHER'S NA	ME (First, Middle, Malden		
	F. REYNOLDS	SR.		ADA	C. WILLIA	MS	
9e. INFORMANT'S NAME (Type/Print)	. I . REINOLDE		ORESS (Street		Soute Number, City or Tow		
CATHERINE MUMMER	·Ψ	- C.33			BALTIMORE,		211
20a. METHOD OF DISPOSITION		b. PLACE OF DISPOSITI				CATION — City or	
V☐ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donalion 5 ☐ Other (Specify)	noval from Stata	other place)				7.00	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	DRUID RII		LELEKY ND ADDRESS OF FA		TITMORE	, MARYLAND
					, JR. FUN	ERAL HOM	Œ
	in Seitz		3818	ROLAND A	VENUE, BA	LTO., MI	21211
23. PART i. Enter the dieeesee, pr shock, pr heert fellure.	Liet only one cause on		enter ths mo	de of dying, euc	n se cerdisc Dr reep	iratory erreat,	Approximate Interval Between
IMMEDIATE CAUSE (Finsi	- 4	_					Onset and Dasth
disease or condition resulting in dasth)	· Colon	encer					
	DUE TO (OR AS	A CONSEQUENCE OF):					
Samuellatha that are attrices.	b						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
Ceuse. Enter UNDERLYING CAUSE (Disesse or injury	с						
that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in deeth) CAST	d						
PART il. Other significent conditio	ns contributing to death	but not resulting in	ths undsrivir	g ceuse given in	Part I. 24a, WAS AN	AUTOPSY	4b. WERE AUTOPSY FINDINGS
		•			PERFO		AVAILABLE PRIOR TO COMPLETION DF CAUSE
					1 YES :	2 DO NO	OF DEATH?
					_		1 TYES 2 NO
AT 1990 0405 DESERBED TO MEDION							
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	_ 0	THER:	LACE OF DEATH (C)			
EXAMINER?		tpatiant 3 DOA 4	Nursing Ho		8 Other (Specify)		-
1 TES 2 NO	40.hs			JURY AT	28d. DEŞCRIBE HOW	INJURY OCCURED	
1 - YES 2 NO 27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y W	ORK?			
1 TES 2 NO	26a. DATE OF INJURY (Month, Day, Year)	INJUR	Y M 1 🗆	YES 2 NO			
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicida 6 Could not be	26a. DATE OF INJURY (Month, Day, Year)	RY — At home, farm, atre	Y M 1 🗆	YES 2 NO	281. LOCATION (Street City or Town, State		al Route Number,
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR	RY — At home, farm, atre	Y M 1 🗆	YES 2 NO			ral Route Number,
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER SECRETIFUED BANK	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR	RY — At homa, farm, stre	M 1 □	ORK? YES 2 NO	City or Town, State)	ral Route Number,
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	26a. DATE OF INJURY (Month, Dey, Year) 26a. PLACE OF INJUR building, etc. (Sp	INJUR	Y M 1 □ et, factory, offi	ORK? YES 2 NO Ce a and place, and due	City or Town, State	onner as stated.	
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	26a. DATE OF INJURY (Month, Day, Vear) 26a. PLACE OF INJURY building, etc. (Sp. SICIAN: To the best of my knoten) ER: On the best of axaminati	INJUR	Y M 1 □ et, factory, offi	ORK? YES 2 NO Ce a and place, and due	City or Town, State Io the cause(a) and ma	onner as stated.	
1 YES 2 NO 27. MANNER OF DEATH 1 Natural	26a. DATE OF INJURY (Month, Day, Vear) 26a. PLACE OF INJURY building, etc. (Sp. SICIAN: To the best of my knoten) ER: On the best of axaminati	INJUR	Y M 1 □ et, factory, offi	ORK? YES 2 NO ca a and place, and du	City or Town, State Io the cause(a) and ma	onner as stated.	te(a) and manner as stated.
1 YES 2 NO 27. MANNER OF DEATH 1 Natural	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my kno IER: On the best of axaminati	INJUR	Y M 1 □ set, factory, offi at the lime, det in my opinion,	ORK? YES 2 NO ca a and place, and du	City or Town, State Io the cause(a) and ma	onner as stated.	se(a) and manner as stated.
1 YES 2 NO 27. MANNER OF DEATH 1 Netural	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my kno IER: On the best of axaminati	INJUR TY — At home, farm, streecity) wiledge, death occurred ion and/or investigation, DEATH (I EM 27) (Type, Pr	M 1 □ set, factory, offi at the time, dat in my opinion,	ORK? YES 2 NO ca a and place, and du death occured at the	City or Town, State	onner as stated.	te(a) and manner as stated.
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER MAN (Check only one) 1 CERTIFIER (Check only one) 2 MEDICAL EXAMIN	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my kno IER: On the best of axaminati	INJUR TY — At home, farm, streecity) wiledge, death occurred ion and/or investigation, DEATH (I EM 27) (Type, Pr	M 1 □ set, factory, offi at the time, dat in my opinion,	ORK? YES 2 NO ca a and place, and du	City or Town, State	onner as stated.	HED (Month, Day, Year)

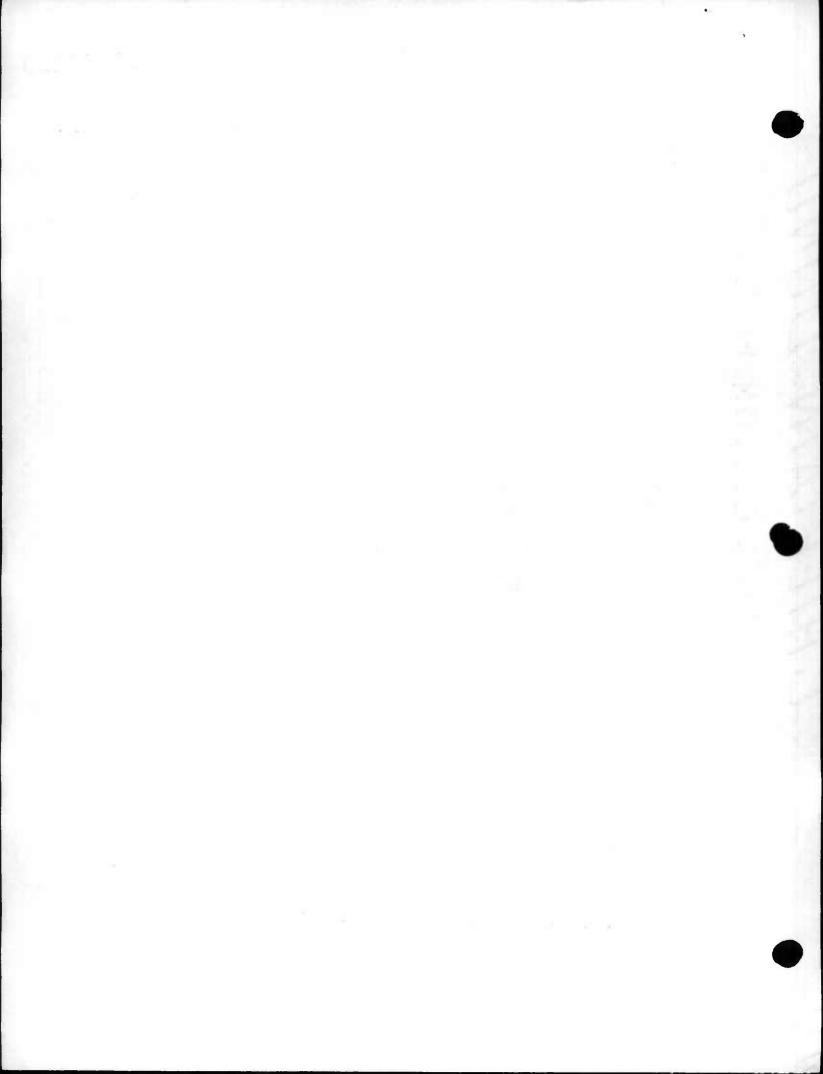
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

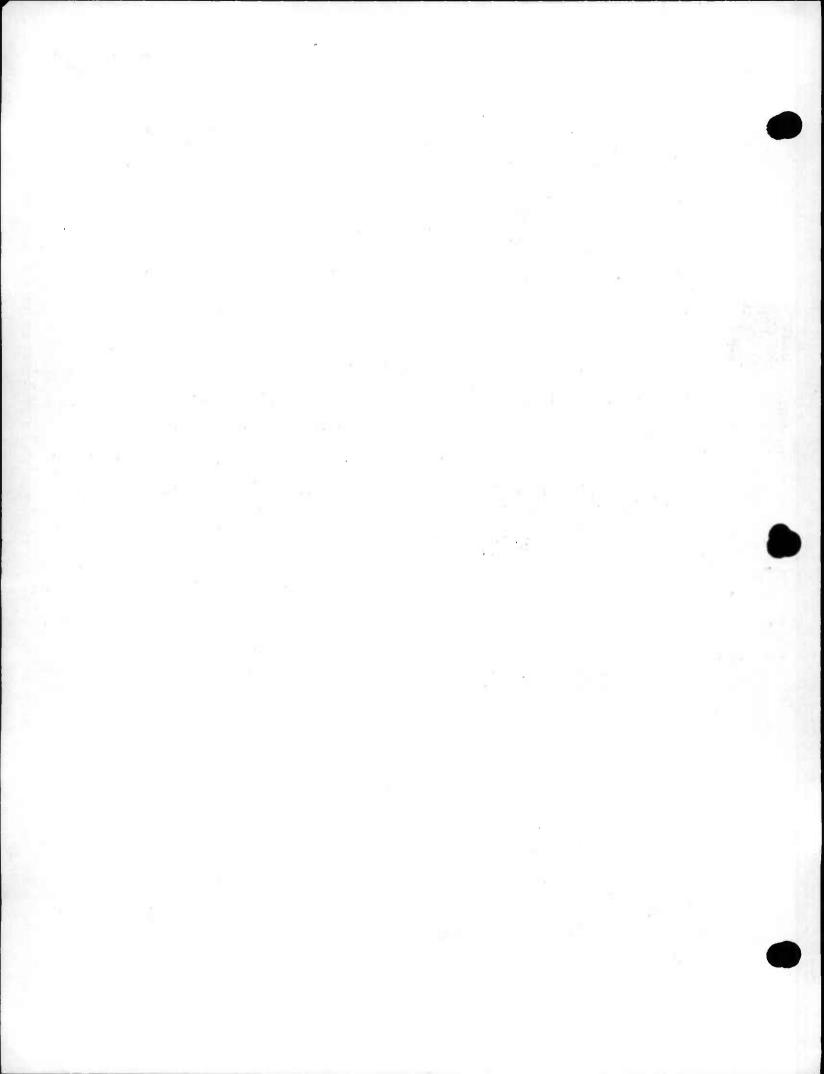
REGISTRAR OECEDENT'S NAME (First, Middle, Last)	NELLIE	Ε.	RTIFICA				2. DATE	REG. NO			9:30 a.m.
214-50-3943	5. SEX 1 M 2 X F	6. AGE (In yrs. lest I	YRS. IF U	THS DAYS	IF UNDE	MIN.	7. DATE (Mon	OF BIRTH	0	Country)	LACE (State or Foreign
a. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN	OR LOCAT	ON OF DE			9c. COUNT	Y OF OEA	ATH
FRANKLIN SQUAR	E HOSPITAL			ES	SEX				BA	LTIM	ORE
0e. STATE 10b. COUNT	ALTIMORE		10c. CITY, TO	WN OR LOCA	TION ES	SEX				1	Od. INSIDE CITY LIMITS? PES 2 NO
00. STREET AND NUMBER 7A B	YWAY SOUTH	Ĭ		10	f. ZIP COC	212	221		10g. CITIZE		AT COUNTRY?
1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Olvorced	12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 V NC	AED O	If yes, s		en, Mexice	n, Puerto	IN? (Specify Ya	a or No 14	Bleck,	American Indian, White, etc.
15. DECEDENT'S EDI (Specify only highest grad	UCATION fe completed)	(Glv	EDENT'S USU	done durina m		na	16	b. KIND OF BU	SINESS/INDUS	STRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)	life. L	Do NOT use reti	ired.)				0577	01.777		
FATHER'S NAME (First, Middle, Last)		H	OUSEVI	.FE	10 22000	UEDIO NA	ME (Elmi	OWN IN			
WILLIAM JONES								RUDISE			
Da. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADD	RESS (Street				TODIO		ode)	
HELEN HOOD			735 CR	,				SVILLE			228
0a_METHOD OF DISPOSITION ABurlet 2 Cremetion 3 Res	moval from State	20b. PLACE O other place	OF DISPOSITION		metery, cre-		110:0	20c. LC	DEAWN,	ty or Town	n, State
☐ Donation 5 ☐ Other (Specify)											
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1,790	DLARN	CH TET		SS OF FA	CH-ITY-CI				
1. SIGNATURE OF FUNERAL SERVICE L	eniz	Æ.		22. NAME: 163	O EDI	ONDS	SON .	ELL C. AVE. C.	WITZK ATONSV	E FU	NERAL HO
23. PART I. Enter the diseases, or shock, or heert failure MMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications that	causad the dea	ath. Do not a	22. NAME (O ED	ONDS	ON .	ELL C. AVE. C.	WITEK ATONSV	E FU	NERAL HO
23. PART I. Enter the diseases, or ahock, or heert fallure MMEDIATE CAUSE (Finel disease or condition	e. end st Due to (c	caused the deale on each line.	onic of uence of:	153 Inter the mobs tru	O ED	ONDS	ON .	ELL C. AVE. C.	WITEK ATONSV	E FU	NERAL HO Approximata Interval Batw
23. PART I. Enter the diseases, or shock, or heert failure MMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. end st Due to (c	causad the deale on each line. tage chron as a consecutive and a consecutive as a consecut	eth. Do not a CONIC C UENCE OF): L'PHY TH UENCE OF): UENCE OF):	153 Inter the model of the mode	O ED:	ONDS	SON	ELL C. AVE. C.	WITZK ATONSV Iratory arres Sease	24b. v	NERAL HO
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DHMH-16 Rev 1/89



al-transit permit. Pages 1, 2, 3 should

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECET ST'S NAT" (First, Middle, Las") Claudine M. Ra 4. SOCIAL SECURITY NUMBER	e					2. DATE OF DEATH DA	90 YEAF	3. TIME OF DEATH 4:00 a	
	4. SOCIAL SECURITY NUMBER 456-07-7154A		E (in yrs. id.) bliaidey)	IF UNDER	1 YEAR IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH 1 9 / 0 2	e. Bil	THPLACE (State or Foreign Inginia	
or l	9a. FACILITY NAME (if not institution, give street and number) Franklin Square Hospital					ION OF DI	PEATH 9c. COUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	e nospita	<u>. </u>				Baltimore			
E C	10e, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE							10d. INSIDE CITY		
10	MD Baltimore							LIMITS? 1 ☐ YES X X NO		
7	10e. STREET AND NUMBER			10f. ZIP CO	E		10g. CITIZEN D	F WHAT COUNTRY?		
ER/	6116 Belair Road				2120	5		USA		
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Maxicen, Puerto R						
	15. DECEDENT'S EDU		16a. DECEDENT'S	S USUAL OC	CUPATION		16b, KIND OF BUS	INESS/INDUSTRY	1	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of	work done duse retired.)	luring most of work	ing				
립	unkn	own	telep	none	opera	tor	telep	hone c	ompany	
O S	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden			
	Claude H. Powe	rs				Minn	ie Carne	r		
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS			Floute Number, City or Town			
70	Irene Henderso	n	55	Admi	ral Bo	ilev	ard/Dund	alk. M	D 21222	
	20a. METHOD OF DISPOSITION		10b. PLACE DF DISPO	SITION (Na	me of cemetery, cre	matory or	20c. LO	CATION - City or	r Town, Stata	
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	"Me'a'do	wridg	ge		Ba	ltimor	e, MD	
	21, SIGNATURE OF FUHERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY									
	Bradley-Ashton Funeral Home, Inc.									
	23. PART I. Enter the diseases, pr	complications that cause	ad the death. Do	not enter	2134 W	LLC	w Spring	Road/	Balto. MD	
	ehock, or heart feliure.	List only one cause on	each line.	not enter	the mode of d	ying, suc	n aa cardiec or respi	ratory arrest,	212 Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ACUTO	ENI	I					Onset and Death	
	CAPOLAC ARREST 27 TO MY									
CERTIFICATION	Sequentially list conditions,									
AT	reny, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
F	resulting in death) LAST									
AL	PART II. Other significant conditions contributing to death' but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED? AMAILABLE PRIOR TO							AWAILABLE PRIOR TO		
oid	1 YES 2 NO COMPLETION OF CA						OF DEATH?			
MEDI									1 YES 2 NO	
ä										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF	DEATH (C/	neck only one)			
S	1 TES 2 ND	1 Inpatient 2 ER/O	utpatiant 3 DOA			Rasidence	6 Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 286. TI	ME OF	28c. INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCCURED)	
8	1 Natural 5 Pending 2 Accident Investigation			M	1 YES 2	□ ND				
COMPLETED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
12	29a. CERTIFFING PLYSICIAN: To be best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
MO	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.									
E C	296. BITSMATURE AND TITLE OF CERTIFIE	310			29c. LI	CENSE NU	MBER	294. DATE SIG	the stand on the	
m	1 /100	un			ec	33	44	>//	4/90	
2	MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type-Print) BALTO Mb 2/2/9									
	JUL 0 6 1990 July	a Variates Trans	duffle							
	0 4 1000									

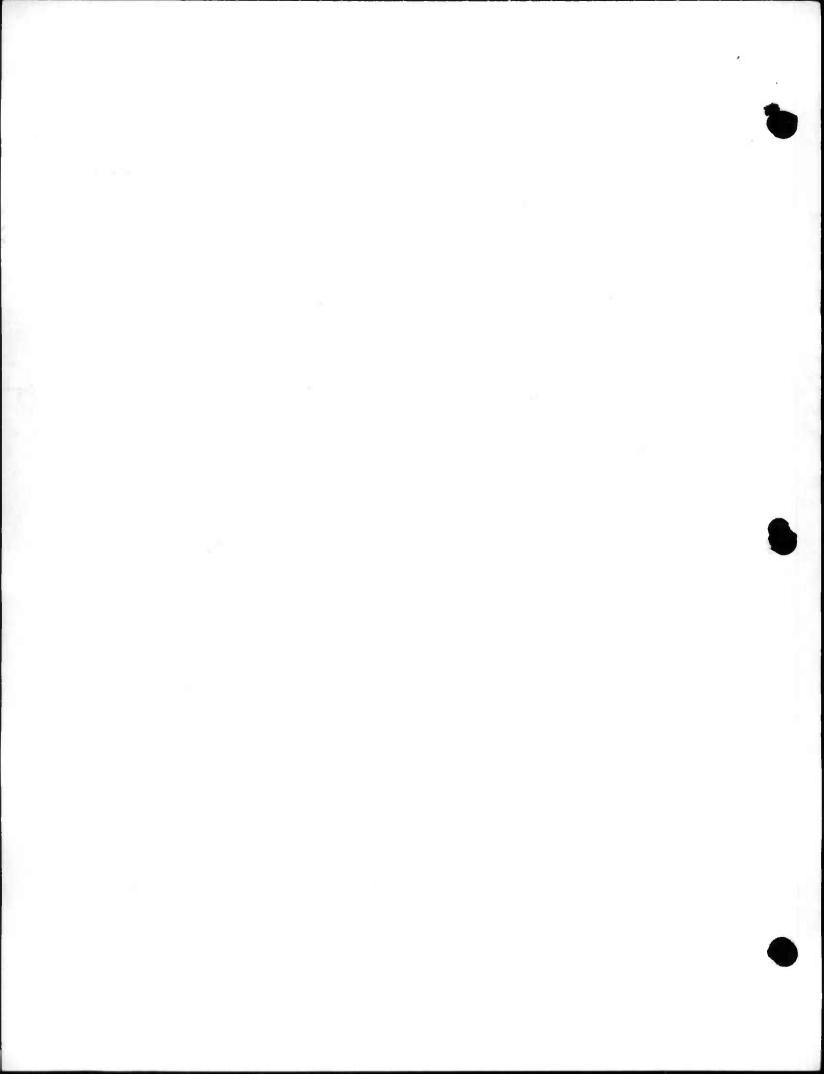


BALTIMORE, MARYLAND 21203-3146	SJCIAN: The law requires that the death certificate be executed within 2. Curs after death, Prace Engry be retained by the hospital or attending physician and completely filled in by the functed directle and completely filled in by the functed directle as a deathed for use as the bunal-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH		3. TIME OF DEATH	
1	1:11:10 5	SHILLS	J			MONTH.	Va"	1990	6:00 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8.1	SIRTHPLACE (State or Foreign	
	216 21 2834	1 - M 278 F 9	3 YRS.	ITHS DAYS	HOURS MIN.	APR	12 al	1861/	DARY LAND	
DIRECTOR	9a. FACILITY NAME (If not institution, give str	Romwell	90.	-	S LOCATION OF DE	AIH		BAL BAL	T CO 88	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 CITY TO	OWN OR LOCATI	ON				10d. INSIDE CITY	
E	(DON) 0 0 0 7	=======================================	0	L. 2 11	F				LIMITS?	
	10. STREET AND NUMBER			101	ZIP CODE			10a CITIZEN	OF WHAT COUNTRY?	
FUNERAL	1904 CLEARU	DE			21234			V.	S.A.	
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	U.S. ARMED		NDENT OF HISPAN cify Cuban, Maxica			or No- 14.	RACE — American Indian, Black, Whita, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TES 2 NO Specify:					Specify:	
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S USL	IAL OCCUPATIO	м	146 1	IND OF SIE	I \	W + LI L	
COMPLETED	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use rei	done during mos		100. 1	JIND OF BU	3114E33/14D031	n i	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	O	1		1				
×	ST SATUSSIO MARKS (Sint Middle Leat)		FIL	mot	16, MOTHER'S NA	ME (Elm), Mic	della Admidan	Company		
8	17. FATHER'S NAME (First, Middle, Last)	.00111	0.6		16. MOTHER'S NA	ME (FIRST, MIC	die, Maiden	Surname)	. —	
BE	Homas	117771119(1	166		1 1 1 1 1	311.	7-11	VI NG	210(1	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street ar	d Number or Rural F	Route Number	r, City or Tow	n, State, Zlp Coo	de)	
	FAMILY IVE	COROS	2AC	V F	SOH S	315	1			
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State 4 □ Donation 5 □ Other (Specify) 20c. DOCATION — City or Town, State									
到	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA		~ (^)	5000	275	
8.	1000	> 1		EVAC	CHA	Parro	6	2	120	
_	The state of the s	Mono, h	About the Donner	8801	HARE	080	KOR	3 - FA	REVILLE	
	23. PART i. Enter the diseases, or c ehock, or heert fellure. I	List only one cause on ee		enter the mod	se of dying, euc	n es cerdie	ec or reep	iratory arrest	Interval Between	
	IMMEDIATE CAUSE (Fine)							Onset end Death		
	disease or condition resulting in death) e. Clarko belong American									
	DUE TO (OR AS A CONSEQUENCE 9);									
Z	Sequentially list conditions, b. Security Districtions, Distriction of the security of the se									
Ĕ	If any, leeding to immediate	If any, leeding to immediate								
2	cause, Enter UNDERLYING CAUSE (Disease or injury	a traces	elebr C	ento V	well	- de	lale	728	119	
片	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	Todaling in dealin, Exot	d					_			
	PART II. Other significant condition	e contributing to death bu	it not resulting in t	he underlying	ceuse given in	Part I. 2	24a, WAS AN		24b. WERE AUTOPSY FINDINGS	
CAL		_			-		PERFO		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDIC						_	1 TYES	Z ES, NO	OF DEATH?	
Σ						- 1			1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (Ch	eck only one				
2	EXAMINER?	HOSPITAL:		THER:	*.					
ΥS	1 ☐ YES 2 MO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpe	28b, TIME O		5 Residence			INJURY OCCUR	en.	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	Zed. DESC	HIBE HOW	INJUNT OCCUR	ieb	
ВҰ	2 Accident Investigation	On BLACE OF IN HIEW	A b = 4 = 4		M 1 TYES 2 NO			LOCATION (Company)		
ED	3 Suicide 8 Could not be 4 Homicide detarmined	3 Suicide S Could not be detarmined detarmined Could not be detarmined detarmined S Could not be detarmined detarmined detarmined detarmined S Could not be detarmined detarmined detarmined S Could not be detarmined detarmined S Could not be detarmined detarmined S Could not be						Hurai Houte Number,		
Fi	The state of the s									
COMPLETED	29s. CERTIFIER (Check only one) 20 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
00	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurse at the									
BE	29b SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
O Start - Hilliam 1 - 100 3							3711 170 27 3 1990			
								40 = 74		
	DR. BERNARO	S. KARP	EKS, JR.	1 12	JiCAL	H87	2 13	TOQ-		
		32 MEGISTRABUS SIGNA	THE RESERVE OF THE PARTY OF THE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Z TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic theorems and infinity or wither trainmable awant.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN MONTH DAY Y	3. TIME OF DEATH A		
1	Anna E.	SLATER		JUNE 30 199	90 M.		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country)		
	230093141	1 M 2 KF RS.		007-23 1921 1	IARYLAND		
Œ	9a. FACILITY NAME (If not institution, give	street and number)	96 CITY, TOWN OR LOCATION OF DI	EATN 9c. COUNTY	OF OEATN		
16	RESIDENCE OF DECEDENT	VER NOHU	I HKW INJ	I DHY	7-10/0/5		
DIRECTOR	10a. STATE 10b. COUNT	Y 10c. CI	TY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?		
	100, STREET AND NUMBER	1: MORE	101, ZIP CODE	40- CITITE	1 TYES 2 NO		
FUNERAL	JLID LIJEAN	DUE PRAD	11231	1	S A.		
l S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED			. RACE — American Indian,		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxica 1 TES 2 NO Specif		Black, White, etc. Specify:		
	15. DECEDENT'S EDI	TOATION LABORATION	1 101111 0001017011	AND AND OF BUSINESS WINDS	STIMU		
COMPLETED	(Specify only highest grad	le completed) (Give kind of	S USUAL OCCUPATION work done during most of working use retired.)	16b. KIND OF BUSINESS/INDUS	INT		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Home				
COM	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surname)			
111	CHARLS U)- VOGELMAN	IDA	A D. KLAG	23		
TO BE	190. INFORMANT'S NAME (Type/Print)	19b, MAILING	G ADDRESS (Street and Number or Rural	Aoute Number, City or Town, State, Zip Co	de)		
	20s, METHOD OF DISPOSITION	LOROS S	SITION (Name of cemetery, crematory or	20c. LOCATION — City	on Town State		
muer musi	1 Burial 2 Cremetion 3 Rer		DOUGHT PER	STEEN BALTO			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY						
	120	Some	EVANS CHI	APIT OF IS	Ackielle		
re c	23. PART I. Enter the diseasee, or	complications that caused the death. Do	not enter the mode of dying, suc	ch as cerdiec pr respiratory arres	t, Approximate		
	ehock, or haert fellura iMMEDIATE CAUSE (Final	. Liet only one ceuse on each line.	S. J. James J.		interval Between Onset and Death		
ii, iile	disease or condition a. ACUTE MY O CAPATAL IN FARCTION						
2	DUE TO (OR AS A CONSEQUENCE OF): 1 SCHEMIC CARDID MYD PATHY						
	Sequentisity list conditions, if any, laeding to immediate	DUE TO (OR AS A CONSEQUENCE O	OF):				
E S	cause, Enter UNDERLYING CAUSE (Disease or injury	c					
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	OF):				
- W		d					
AL C	PART ii. Other significent condition	one contributing to death but not resulting	in tha underlying cause given in	Part i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
				1 □ YES 200 NO	OF DEATH?		
snows an					1 TES 2 NO		
AN.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (C	heat agis age)			
BY PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence				
H.	27. MANNER OF DEATH	28s. DATE OF INJURY 28b. TI		28d. DESCRIBE HOW INJURY OCCUR	RED		
marke BY P	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — Al home, farm building, atc. (Specify)	, street, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,		
ETE	4 Nomicide determined						
COMPLETED	29s. CERTIFIER (Check only 009) 20s. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only 009) 20s. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.						
8	2 MEDICAL EXAMINER: On the basis of sxamingtion end/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as stated.						
MPORTANT: If item BE COMPLE	296. SIGNATURE AND TITLE OF CERTIFUR, 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 297. DO 7/3 97 7/3 97						
≜ ₽	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF DEATN (ITEM 27) (Typ	oe, Print)	. /	1-1		
	DR MARCIO	DR. MARCIO M. MENZADEL 5820 YORK ROAD					
	31. DATE FILED (Month, Pay, Year)	32-REGISTRAR'S STENATURE					
	1000 - 1220	-					



BALTIMORE,	after death. Page 6 may be	y the funeral director, page,	cal examiner must be
S, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page. The find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires that the	this certificate has been signed by the with the State Dect. of Health and I	arked, or Item 23 shows any in
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After he fled within 72 hours after death	IMPORTANT: If Item 28 Is ma

TO BE COMPLETED BY

4 Homicide

29a. CERTIFIER (Check only one)

tem	7 7-20-90 FilmG665	W.H. Per F/H					0 18234	
*	1 - STATE REGISTRAR	STATE OF MARYLAND /		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.		1	
	1. DECEDENT'S NAME (First, Middle, Last)	1 1 24.04	1.0.1		2. DATE OF DEATH	AY YEA	3. TIME OF DEATH	
В	LEONARD	W. SKRII		06 38 90 10 m				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. lest		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	06-07	8. BIRTHPLACE (Manufacture) BALTIMORE		
	9a. FACILITY NAME (If not institution, give st			b. CITY, TOWN OR LOCATION OF DI	06 100/2	9c. COUNTY OF DEATH		
	MANOR CARL	E - RUXTON		TOWSON		BALTIMORE		
5	RESIDENCE OF DECEDENT							
DIRECTOR	MARYLAND BAL	Jimore.		BALTIMORE	-Parkvil	12	10d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	2706 EMERA	ALD ROAD.		107. ZIP CODE 212.	34	10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxica 1 TYES 2 NO Specifi	in, Puerto Rican, atc.)		IACE — American Indian, Black, White, etc.	
CD.	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16a. DE (G.	CEDENT'S US	SUAL OCCUPATION k done during most of working	16b. KIND OF BU	SINESS/INDUSTR	NY .	
APLET	Elementary/Secondary (0-12) College (1-4 or 5+) 11 YRS. College (1-4 or 5+) TOSPECIOR WISTERN ELEC. Co.							
E COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) HILL LIPPA							
9.BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
2	FAMILY RECORDS SAME AS ABOVE							
T.	20a, METHOD OF DISPOSITION Surial 2 Cremation 3 Removal from State						or Town, Stata	
					or OLY 15	mogis	S	
	23. PART i. Enter the disesses, or o	complications that caused the de	eth. Do no		th es cerdiec or resp	iratory errest,	Approximate	
		Liet only one couse on each line				CACHI PER INCOME	interval Between Onset and Death	
	disease or condition resulting in death)	CONFESTIVE HEART FALLURP						
	Tooling in county	DUE TO (OR AS A CONSEQUENCE OF):						
NO	Sequentially list conditions,							
AT	If any, leeding to immediate cause. Enter UNDERLYING							
ERTIFICATION	CAUSE (Disease or injury that initiated events oue TO (OR AS A CONSEQUENCE OF):							
ERT	resulting in death) LAST							
O	PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS							
MEDICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 □ YES 2★ NO COMPLETION OF CAUSE OF GRATIZ							
WED		1						
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C	heck only one)			
IYS	1 VES 2 NO	1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED					ED.	
	Natural 5 Pending	(Month, Day, Year)	INJU	RY WORK? M 1 YES 2 NO	LOU. DESCRIBE NOW	JONI OCCURE		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28. DLACE OF INITIDY At home farm street feature office. 284 LOCATION (Street and Number or Rural Route Number						

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

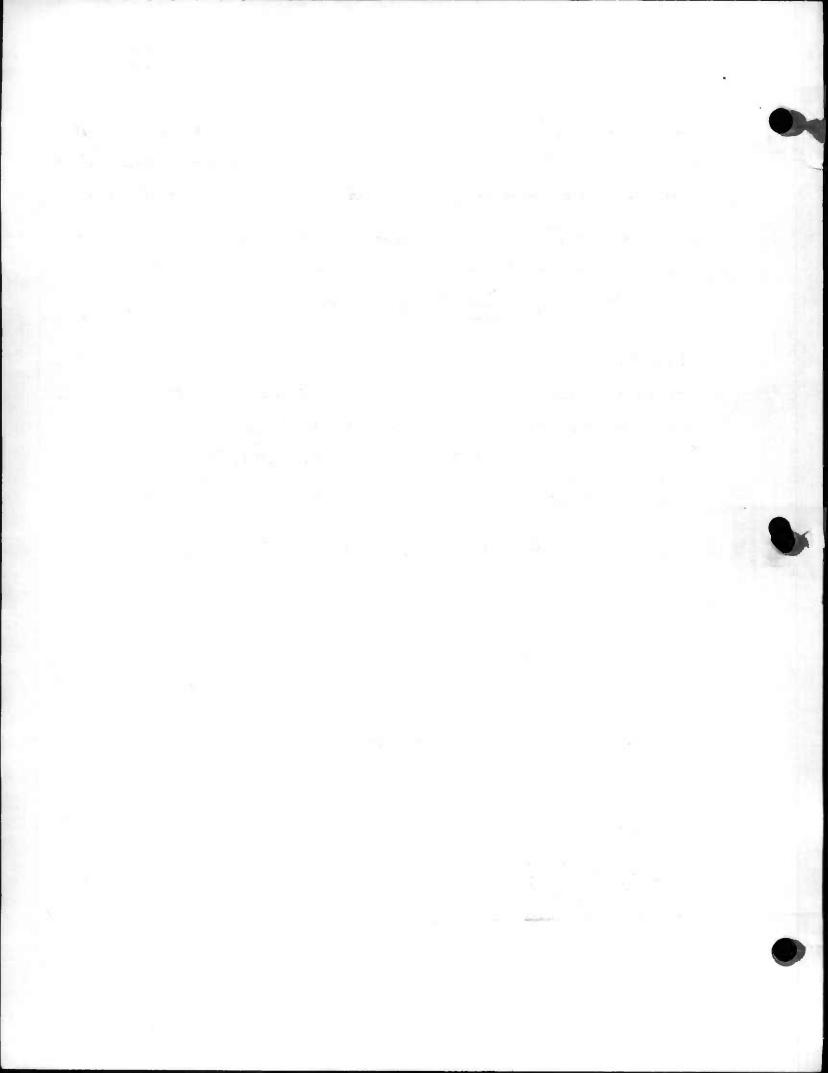
28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and manner as attend.

30. NAME AND ADDRESS OF PERSON JUL 6 1990

8 Could not be determined

296. SIGNATURE AND TITLE OF CERTIFIER



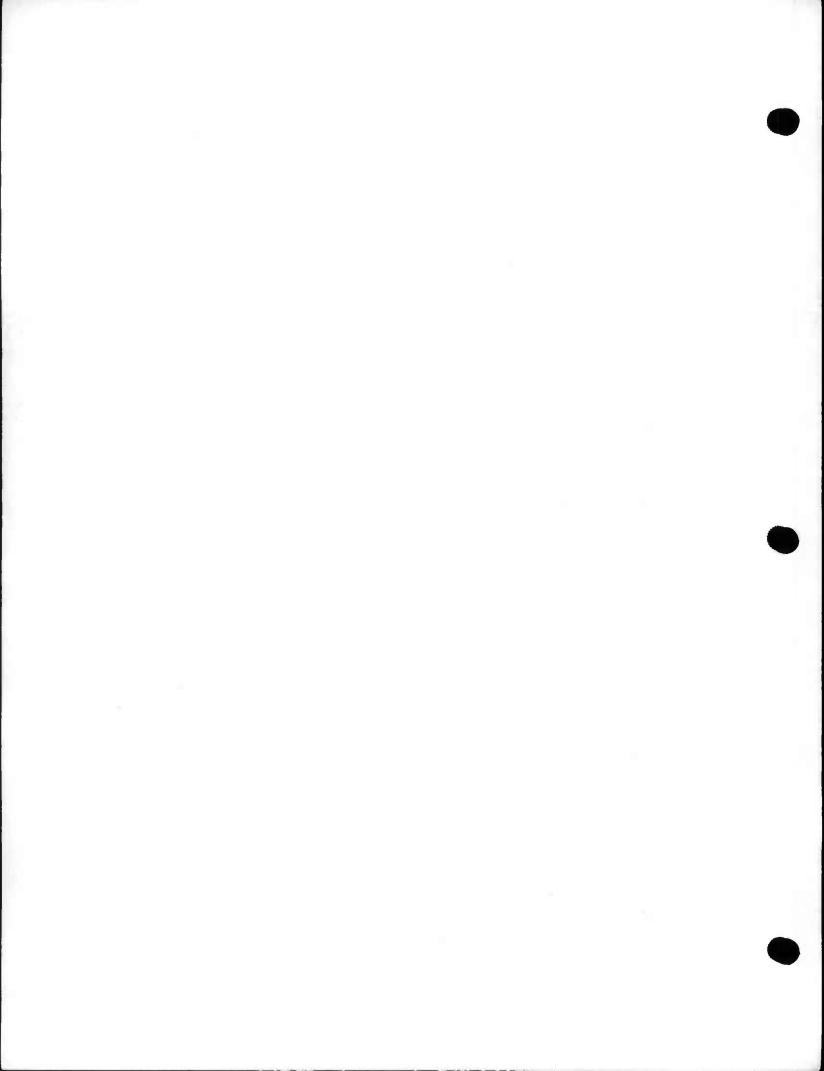
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Emedins after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.
1. DECEOENT'S NAME (First, Middle, Last) Kathryn	D Stoo	10			2. DATE OF OEATH MONTH Jul. 03,
A SOCIAL SECURITY NUMBER	r. Stee.	& AGE (In yes last hirthday)	IE INIDEO 1 VEAR	IE IMPLEO 24 MOS	7 DATE OF BIRTH

	1. DECEOENT'S NAME (First,		R. Stee	ما						2. DATE OF O	O3 DAY	1 990 ^Y	EAR :	3. TIME OF DEATH
į,	4. SOCIAL SECURITY NUMBI		5. SEX	6. AGE (In yrs. les	of histholass)	IF UNDER	4 VEAD	IF UNDER	as une	7. DATE OF BI				LACE (State or Foreign
	218-18-22		1 🗆 M 2 💢 F	91	_	MONTHS	DAYS	HOURS	MIN.	(Month, Day	8/99		Country)	rmany
_	9a. FACILITY NAME (If not ins							R LOCATIO		ATH	1	c. COUNTY		
6 F	Charlesto		e Cente	<u> </u>		Ca	ton	svill	Le			Balt	imo	re
DIRECTOR	100. STATE	106. COUNTY Bal	timore		10c. CIT	v, town c	R LOCAT	on SVil]	Le				- 1	IOd. INSIDE CITY LIMITS? I YES 2 X NO
FUNERAL	711 Maide	n Choi	ce Ln. A	Apt N127			101	ZIP CODE	228		1	10g. CITIZE US	N OF WH	IAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Never Married 2 Divos	Merried	FORCES?	NT EVER IN U.S. AF I YES 2 XI MAR OR DATES			If yes, sp		n, Mexicar	IC ORIGIN? (Sp n, Puerto Ricen,		No- 14	Black,	- American Indien, White, atc. 1 te
		EDENT'S EDUCA		16a. DE	DECEDENT'S USUAL OCCUPATION 16b. KIND O						OF BUSIN	ESS/INDUS	STRY	
COMPLETED	Elementary/Secondery (0-		College (1-4 or 5	+)		ind of work done during most of working NOT use retired.) rdresser self								
8	17. FATHER'S NAME (First, Mi	iddle, Last)				16. MOTHER'S NAME (First, Middle, Malden						rname)		
	Ernest Me	rkel							Frie	eda Sch	numan			
) BE	19e. INFORMANT'S NAME (7)	/pe/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural R	loute Number, C	ity or Town,	State, Zip Co	ode)	
10	Mrs. Kath	leen E	ason		214	Rol	ling	field	d Roa	adCator	nsvil	le	Md	21228
	Humil 2 Cremation 5 Other	n 3 🗆 Remov	ral from State	20b. PLACE other p								TION - CIT		
M	SIGNATURE OF FUNERAL	-	22.	NAME A	ND ADDRE	SS OF FAC	Amb	vie Bowie, Maryland Ambrose Funeral Home Spring Road, Arbutus, Md						
-	1.00	as	2	_	2		132	8 Sul	Lphur	Sprin	ng Ro	ad, A	rbu	tus,Md
9	23. PART . Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure. L	ist only one ca	use on each lin	B.			-					st,	Approximate Interval Between Onset and Death
_			DUE TO	O (OR AS A CONSE	QUENCE C	VENCE OF): DENCE OF): DENCE OF):					-9/0	/e		
ATIO	Sequentially list conditi if sny, leading to imme- cause. Enter UNDERLY!	00000000	DUE TO	O (OR AS A CONSE	QUENCE C									
CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in daeth) LAS		DUE TO	O (OR AS A CONSE	QUENCE C	PF):								
2	DART II Other elgoliles	nt conditions	and thuilan i	a death but not	non delan	In the se			ahaa la	Boot I Loss				WERE AUTOPSY FINDINGS
MEDICAL	PART II. Other significa	nt conditions	contributing to	o death but not	reauting	in the u	noariyin	g cause	given in		YES 2	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:			0000		LACE OF O	DEATH (Ch	eck only one)				
YSi	1 - YES 2 - 190			☐ ER/Outpatient	_		rsing Hor		esidence	6 Other (Sp				
ву Рн	27. MANNER OF DEATH 1. Natural 5 2 Accident	F INJURY Day, Year)	28b. TH	ME OF JURY M	W	JURY AT ORK? YES 2 [□ NO	26d. DEŞCRII	BE HOW IN.	JURY OCCU	IRED			
	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At building, atc. (Specify)					street, fac	tory, offic	20		281. LOCATIO City or To	N (Street an wn, State)	d Number o	r Rural A	oute Number,
COMPLETED	one)						to the cause(e time, date and				end menner as stated.			
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIER	_	_ 2	$\overline{}$			29c. UC	ENSE NUI			29d. OATE	SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)		10.		のトフ			15	170
	31. OATE FILEO (Month, Day,	Year) -		SOUM,		7	11	m as	ille	en (4	01'00		04	e 2/11/
	. HILL O 6 1000	1.1:	. Dassedana	_(range ste	•									



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the TOTAL DISTRIBUTION OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) Stella	SZYMANS	ΚΤ			2. DATE O	F DEATH		YEAR	3. TIME OF DEATH 2:35 D M
4. SOCIAL SECURITY NUMBER 215-12-7932	5. SEX 6. AGE	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month, 09	F BIRTH Day, Year)	99	Count	HPLACE (State or Foreign ry) N. Y.
90. FACILITY NAME (If not institution, give Franklin Square RESIDENCE OF DECEDENT				or location of D	EATH		Ba	tim	
100. STATE 10b. COUNT	Y	-	TOWN OR LOCAL						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
618 South Eaton.				21224				U.S.	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yee, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 X NO Specia	en, Puerto Ri		or No—	Blac	E — American Indian, k, White, atc. White
15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondery (0-12)	JCATION 9 completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Howse	ork done during n retired.)	ION post of working	16b. I	At 1	siness/ind Home	USTRY	
17. FATHER'S NAME (First, Middle, Last) Anthony Golembi	eski			18. MOTHER'S NA		ddis, Meiden	Sumame)		
Florence S. Cos	grove	715 S.		and Number or Rural Street L					
20e. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	other place), acred Hea	ant of	JONIA CO	meter	n Du	ndalk	M	1
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE V	ب	Charle	es S. Ze	iler (s Son	Inc.	901 Cor	S. rkling St.
23. PART I. Enter the disease, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Left Lung P	ech line.	ot enter the m	ode of dying, aud	ch ea cardi	ac or reep	iretory err	eet,	Approximate Interval Between Oneet and Deeti
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS	A CONSEQUENCE OF)	0.00						
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	10						
PART II. Other eignificent condition Senile Dement		but not resulting in	the underlyl	ng cause given in		24a. WAS AMPERFO	RMED?	241	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 № NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Come 5 - Residence					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c. II	JURY AT /ORK? YES 2 NO	7	CRIBE HOW	INJURY OC	CURED	
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st	reet, factory, of	ice	281. LOCA City of	TION (Street Town, State	and Number)	or Rural	Route Number,
and and	SICIAN: To the best of my know					1155			(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	- Jour			29c. LICENSE NU			29d, DAT	E SIGNE	90 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)						

Square Drive Baltimore, Maryland

9000 Fyrank lain

M.D.

. #3E 1-21

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	LENA SCHU				2. DATE C			3. TIME OF DEATH
	SCHULTH E 18	_ / .	aLING15			MONTH	DAY	90	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE ((In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		IRTHPLACE (State or Foreign ountry)
	212-05-7K95 9a. FACILITY NAME (If not institution, give a	1 M 2 XF	90 YRS.	CITY TOWN C	HOURS MIN.	0/2/	27/00	9c. COUNTY O	PRYLAND
DIRECTOR	ST JOSEPH	,	1	-	USON				ALTIMORE
	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
<u> </u>	Maryland Ba	ltimore	C	ockeys	ville				1 X YES 2 NO
٦	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNER	300 Wellingboro	igh Way Apt.	E		21030			us	SA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	NUS ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN?	(Specify Year	or No- 14. I	RACE — American Indian, Black, White, atc.
6	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specify		out, utc.)		Specify:
_	15. DECEDENT'S EDU	I CATION	T44- 2505251710 USU			I day	WILL OF BUILD		White
ETED	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use ret	done during mo	st of working	160.	KIND OF BUSI	NESS/INDUSTI	AY.
֡֡֞֝֞֞֡֞֞֡֡֞֜֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	Elementary/Secondary (0-12)	Collage (1-4 or 5 +)					Our	11 0000	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Homemo	iker	18. MOTHER'S NA	ME (First, M		Home.	
	Peter Neuman				See of a second and	C. Property			
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street a	Unkni nd Number or Rural		r, City or Town,	State, Zip Code	e)
2	William A. Schu	Pthois	812 7	annat	te Ave	Ralt	imano	MD 4	71999
	20a. METHOD OF DISPOSITION	200	b. PLACE OF DISPOSITIO			buch		ATION — City	
	1 Donation 5 Other (Specify)	oval from State	other place) Cedar Hi	el Cem	toru		Glo	n Burn	rie. MD
	21. SIGNATURE OF FUNERAL MERVICE LI	CENSEE		22. NAME A	ID ADDRESS OF FA				
	* K. Hu	1001.8)						HOME, INC.
-	23. PART & Enter the diseases, of	complications that cause	d the death. Do not	enter the mo	Harkora de of dylna, euc	ka.	ec or respir	more.	MD 21214 Approximete
	shock, or heart falluje.	List only one ceuse on e	ine.					_	interval Between Onset and Daath
-	iMMEDIATE CAUSE (Finei disease or condition	0/	0		/·		. H	5.	Onset and Death
	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	eccec	romy	Letter	wy	7	
,	_	Seriere	arteris	on le	coli (Par	dist	Lacu	la
CERTIFICATION	Sequentially list conditions, if eny, laeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				10	sen	ses
₹	cause. Entar UNDERLYING CAUSE (Disease or injury	c							
	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
H	resulting in death) LAST	d							
2	PART il. Other eignificant condition	ne contributing to death i	but not reculting in t	he undarlyin	g cause givan in	Part i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
<u>5</u>	Lehy	diatie	2				PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 1 120 2		OF DEATH?
2						_			7.0.700
¥	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C)	heck only on	»)		
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	a 5 🗆 Realdance	8 Other	(Specify)		
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c, IN.	URY AT	_		JURY OCCUR	ED
	1 Natural 5 Pending	(Month, Day, Year)	injun:		PRK? YES 2 NO				
) BY	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR building, etc. (Spe	Y - At home, farm, stree	et, factory, offic	4		ATION (Street a	nd Number or F	itural Floute Number,
TE	4 Homicide determined	buttering, etc. (ope	ocity)) ony	iown, State)		
COMPLETED	29a. CERTIFIER Charck colis. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated.								
MC	One)	ER: On the beels of examinate							tuse(s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER O			29c. LICENSE NU	MBER		29d. DATE SI	GNEO (Month, Day, Year)
BE	Beating	P. Dino	~ M.	1	0169			D 7	14/90
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pri	int)	1-1	, .		-	11
	BEATRIZ	0.0120.	Net.	Jose	ph X	ospi	tal	1/on	oson ma
	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIN	Charle 12	11 0		0	7		, ,
	IIII 06 1990	Child Davidson-V	Instanting.						1

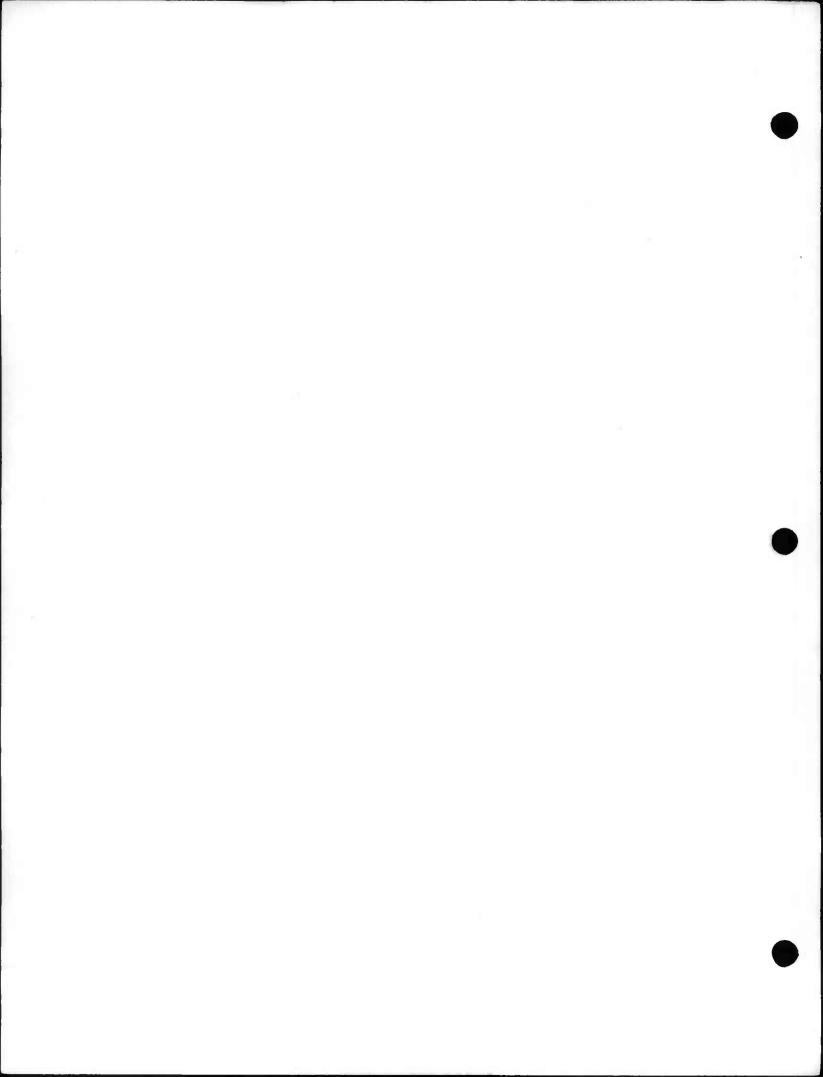
BALTIMORE, MARYLAND 21203-3146

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C. EC	certificate
7.	death
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DIVISION OF VITAL RECORDS, P.O. BOX 13148,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 miles
ISION	ATTENDING
\leq	80
_	OCPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merrial Hygiene prior to burial, cremation, or removal. lours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N				HEALTH AND I	MENTAL	HYGIENI	E		
	1. DECEDENT'S NAME (First, Middle, Last) Nancy G	Ladys	Sipes				MONTH	OF DEATH	1990	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-14-6323	5. SEX 1 ☐ M 2 🙀 F	6. AGE (In yrs. last 92		IF UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (DE BIRTH , Day, Year) il 10		Country	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give s 4 Winona Ave.	treet and number)				or location of de ndalk	EATH		9c. COUNT Ba		more
DIRECTOR	100. STATE 10b. COUNTY Md . Ba	v altimore		10c. CITY,	TOWN OR LOC			-			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ITCHIOLE				Dundalk or. ZIP CODE					1 ☐ YES 2 ☑ NO /HAT COUNTRY?
FUNERAL	4 Winona Ave. 11. Marital Status 1 Never Married 2 Merried	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED O		21222 CENDENT OF HISPAN Specify Cuben, Mexica			or No — 1	4. RACE	— American Indian, , White, etc.
BY	3 Widowed 4 Divorced 15. DECEDENT'S EDU	IF YES, GIVE V	WAR OR DATES			S 2 X NO Specifi	ly:	KIND OF BUS	NAMES (AND III	Specif	White
COMPLETED	(Specify only highest grade		+) (Gr	ve kind of wo Do NOT use	rk done during n retired.)	nost of working	100.	KIND OF BUS	INESS/INDU	SIRT	
SOM	17. FATHER'S NAME (First, Middle, Last)			ouben	11.0	16. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Surname)		
BE	Aaron Green					Virgi		•			
9	190. INFORMANT'S NAME (Type/Print) George R. Sipes		196			and Number or Rural y Way Bal					1222
	20q. METHOD OF DISPOSITION			OF DISPOSIT		emetery, crematory or	L CINO	_	CATION - C		
	1 XBuriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)		_ Bela	ir Me		Cemetery		Ве	lair	Mar	yland
	21. SKINATURE OF FUNERAL SERVICE LIK	- und	al Hu	me		and address of FA elly Fune		Home o	f Dun	dal	k 21222
	23. PART I. Enter the diseases, or shock, or heat failure.	complications the	at caused the dause on each line	eth. Do no	t enter the n	ode of dying, suc	ch as card	liac or respi	ratory arre	et,	Approximata Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. Re	nal i	Fail	ure o	ind C	VA	_			Onset and Death 2 Weeks
N	Sequantielly list conditions,	b. E _ /	OR AS A CONSEC	DUENCE OF	End sosis	gener .	lam	aga			many years
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO	ON AS A CONSECUTION OF AS A CONSECUTION AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF	DUENCE OF)	Muli	tes of	ky	put	us	con	many years
BY PHYSICIAN: MEDICAL C	PART II. Other algnificant condition			esuiting in	the underly	ng cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C)	heck only on	ne)			
YSI	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA		ome 5 🗓 Residence	_				
F	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE Of (Month, i	Pay, Year)	26b. TIME INJU	RY \	NJURY AT YORK? YES 2 NO	28d. DES	SCRIBE HOW I	NJURY OCC	URED	
	2 Accident Investigation 3 Suicide 6 Could not be determined		OF INJURY — At ho	me, farm, st				ATION (Street or Town, State)		or Rural I	Route Number,
COMPLETED	cnei -					ite and place, and du					i) end menner ea stated.
B	296. SIGNATURE AND TITLE OF CERTIFIE	Face	ulas	M	D	29c. LICENSE NU	MBER 617	5	29d. DATE	SIGNED 2	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	Dunda	ISE OF DEATH (ITE	M 27) (Typo,	Print)					-	
	JUL 06 18905 8	ha PSI/ABORTA	AN SIGNATURE								



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	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page urs after ceath with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.

31. DATE FILED ("Scritti, Day,

32. REGISTRAR'S SIGNATURE

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN					E			
1. DECEDENT'S NAME (First, Middle, Last)	ORCAS V. THORNTO	ary	en		2. DATE OF DEATH DO THE DEATH DO THE DEATH DE THE DESTRUCTION DE THE D	V YE	3. TIME OF DEATH		
	5. SEX 6. AGE (In y			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	- 1h 0.5	BIRTHPLACE (State or Foreign Country) VIRGINIA		
GOOD SAMARITAN	eet end number)				ATH	9c. COUNTY	OF DEATH		
10e. STATE 10b. COUNTY	TIMORE	100		ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 2 SOMMERVILLE C	T. APT G.		101.	21234			of what country?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe	cify Cuben, Mexican	, Puerto Rican, etc.) Black, White, etc.				
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	ATION 16 completed) College (1-4 or 5+)	(Give kind of wo	rk done during mos retired.)	t of working	1				
17. FATHER'S NAME (First, Middle, Last)	GHAN	7.00001	1111a 02	16. MOTHER'S NAM	AE (First, Middle, Maiden		TIMELINE		
190. INFORMANT'S NAME (Type/Print) FRANCES RITA PER	RY								
1 M Burlet 2 Cremation 3 Removal from State PARKWOOD 7/6/90 BALTIMORE MARYLAND									
21. SIGNATURE OF FUNERAL SERVICE LICE	DENNIS CA	PITANO			BALTI				
23. PART I. Enter the diseases, or emplications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreet, ehock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition e									
Lung Ca Metentertie									
if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	. Brei	iner	1970	~					
that initiated events resulting in deeth) LAST	DUE TO (OH AS A CO	UNSEQUENCE DF):							
PART ii. Other algnificant conditions	contributing to death but	not resulting in	the underlying	cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 'NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:						
1 ☐ YES 2 ☐ NO					28d. DESCRIBE HOW	INJURY OCCUR	ED		
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	PES 2 NO					
27. MANNER OF DEATH		At home, farm, str	M 1 U	RK? 'ES 2 NO	281. LOCATION (Street City or Town, State		Rurel Route Number,		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only	(Month, Day, Year) 28a. PLACE OF INJURY —	At home, farm, str	M 1 WO	end place, end due	City or Town, State	nner ae stated.			
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 2 - STACILITY NAME (If not institution, give str GOOD SAMARITAN RESIDENCE OF DECEDENT 10e. STATE	1. DECEDENT'S NAME (First, Micidie, Last) 4. SOCIAL SECURITY NUMBER 5. SEX 9. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND BALTIMORE 100. STATE 100. COUNTY MARYLAND STREET AND NUMBER 2 SOMMERVILLE CT. APT G. 11. MARITAL STATUS 1 Never Married 1 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 12. WAS DECEDENT EVER IN U. FORCES? 1 STEP (IF YES, GIVE WAR OR DATE) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. College (1-4 or 5+) 17. FATHER'S NAME (First, Micidia, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Micidia, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Micidia, Last) VEOLA PRICE USAUGHAN 190. INFORMANT'S NAME (First, Micidia, Last) VEOLA PRICE USAUGHAN 191. SIGNATURE OF FUNERAL SERVICE LICENSEE DENNIS CA 203. PART I. Enter the diseases, or complications that caused the chock, or heart fellure. List pnly pne cause pn eed immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CHECKAMINERY) PART II. Other algnificant conditione contributing to death but a caused the cause injury that initiated events resulting in deeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINERY HOSPITAL:	1. DECEDENT'S NAME (First, Mickile, Last) DORCAS V. HORNTON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. Inst birthday) 6. FACILITY NAME (if not institution, give street and number) 6. GOOD SAMARITAN 7. FESIDENCE OF DECEDENT 10. COUNTY 10. STREET AND NUMBER 2 SOMMERVILLE CT. APT G. 11. MARYLAND 11. MARTIAL STATUS 1 Never Married 2 Merried 3 Widdowed 4 Divorced 15. DECEDENT'S EDUCATION 17. FATHER'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) VEOLA PRICE VAUGHAN 190. INFORMANT'S NAME (First, Mickile, Last) DENNIS CAPITANO 200. PLACE OF DISPOSITION 100. DELETO (OR AS A CONSCOUENCE OF) PARKWOOD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DENNIS CAPITANO DUE TO (OR AS A CONSCOUENCE OF) DUE TO (OR AS A CONSCOUENCE OF) DUE TO (OR AS A CONSCOUENCE OF) A. 22. WAS CASE REFERRED TO MEDICAL EXAMINERY HOSPITAL: 100. PART	1. DECEDENT'S NAME (First, Middle, Lead) DORCAS V. HONNTON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Institution by Worthis DAYS) 90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCAT RESIDENCE OF DECEDENT 100. STREET AND NUMBER 2 SOMMERVILLE CT. APT G. 11. MARYLAND 11. MARYLAND 11. MARYLAND 11. MARYLAND 12. WAS DECEDENT EVER IN U.S. ARMED IT YES 2 (NO. 11 yes, specific yes) 12. WAS DECEDENT EVER OR DATES 13. WAS DECEDENT EVER OR DATES 14. WAS DECEDENT'S EDUCATION (Diversed of the yes) 15. DECEDENT'S EDUCATION (Diversed of the yes) 16. DECEDENT'S EDUCATION (Diversed of the yes) 17. FATHER'S NAME (First, Middle, Lead) 18. DECEDENT'S EDUCATION (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. MAILING ADDRESS (Street at 2 SOMMERVILLE COLUPATIO (Diversed of the yes) 19. 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APT G. 7. STREET AND NIMBER 7. SOMMERNILLE CT. APT G. 7. STREET AND NIMBER 7. WIS STREET AND NIMBER 7. SOMMERNILLE CT. APT G. 7. STREET AND NIMBER 7. SOMMERNILLE CT. APT G. 7. STREET AND NIMBER 7. SOMMERNILLE CT. APT G. 7. STREET AND NIMBER 7. SOMMERNILLE CT. APT G. 7. STREET AND NIMBER 7. SOMMERNILLE CT. APT G. 7. STREET AND NIMBER 7. SOMMERNILLE CT. APT G. 8. SOMMERNILLE CT. APT G. 8. WIS DECEDENT'S EDUCATION (Goodly on't higher prints companient) 8. SEMENTAL STRAINS 1. SERECTAND NIMBER 7. STREET AND NIMBER	1. STATE PROBLEMS FOR A MASS, Last DORCAS V. FLORTON 4. SCOLAL SECURITY NAME (First, Mass), Last DORCAS V. FLORTON 4. SCOLAL SECURITY NAME (First, Mass), Last DORCAS V. FLORTON 4. SCOLAL SECURITY NAME (First, Mass), Last DORCAS V. FLORTON 5. STATE 6. AGE (in yr., list bending) 6. STATE STATE 7. YES 6. AGE (in yr., list bending) 6. STATE STATE 7. YES 6. AGE (in yr., list bending) 6. STATE STATE 7. YES 6. AGE (in yr., list bending) 6. STATE STATE 7. YES 6. 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DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

1 -

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH

be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may

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	PHYSICIAN:	
DIVISION OF VIEW RECORDS, T.S. BOX 13139,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-103	
5	R	
	OSPITAL	

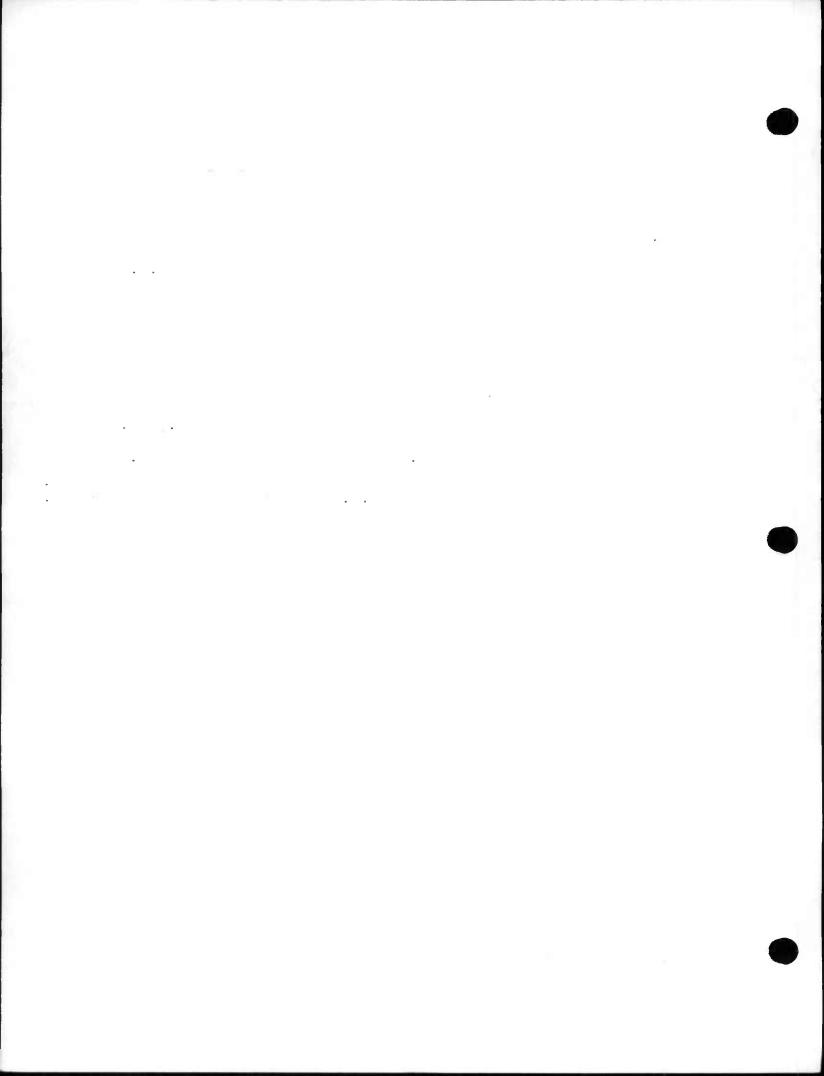
Robert Thompson 6-30-90 11:40AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs lest hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign HOURS 61 1 .M 2 .F YRS 1 - 11 - 29Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5216 Willton Heights Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE MD. Baltimore NE YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5216 Willton Heights 21215 U.S. the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 21 NO Specify: 1 Never Married 2 Married Specify:Black BY 3 Widowed 4 Divorced ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade comp Elementary/Secondary (0-12) Por College (1-4 or 5+) Disabled COMPL detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Robert Thompson Sr. E11a 2 aţ BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2516 Willton Heights Balto., MD. 21215 Arlethea Robinson pe 20s. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must director, MT. ZION CEMETERY Balto. 22. NAME AND ADDRESS OF FACILITY examiner SIGNATULE OF FUNERAL SERVICE LICENSEE funeral Monroe St. E.L.Phillips Funeral Home1721-27 N. #281 filled in by the fu medical 23. PART I. Enter the disease, or complications that caused the death, Do not enter the mode of dying, such as cerdiac or respiratory errect, Approximete ehock, or heert fellure. Liet only one cause on each line. 0 Onset and Death IMMEDIATE CAUSE (Finel completely filled rial, cremation, o the disease or condition Mitral . stenosis event, t resulting in death) DUE TO (OR AS A CONSEQUENCE OF): bunal. traumatic CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to 1 nding physician a Hygiene prior to if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 0 the atten Mental F Injury, PART II. Other eignificent conditions contributing to death but not recuiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and and AVAILABLE PRIOR TO amy COMPLETION OF CAUSE DF DEATH? Signed Health a YES 2 NO Shows a XX YES 2 NO been L of has be Dept. PHYSICIAN: 23 25 WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one tem certificate h EXAMINER? HOSPITAL OTHER: Home 5 Residence 8 Other (Specify) 1 | Inpetient 2 | ER/Outpatient 3 | DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28h TIME OF 284 DESCRIBE HOW INJURY OCCURED this (marked, INJURY Mural 5 Pending Investigation М 1 YES 2 NO BY After Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be COMPLETED DIRECTOR: hours after 4 Homicide 28 determined Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. STATURE AND TITLE OF CERTI 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE OCME 7-1-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, MD 21201 2 VC 32 REGISTAR'S SIGNATURE
WAS DAMIGLON- POTINGED 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

1	- STATE REGISTRAR	OTHE OF F	C	ERTIF			DEAT		WIE 14 174	REG. NO).		
1	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF OEATH
1	JOHN	THAL E							7	- 0	3 -	40	7:30 A M
1	4. SOCIAL SECURITY NUMBER 109-07-7003	5. SEX 1 M 2 F	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.		of BIRTH h, Day, Year)	98	Count	PLACE (State or Foreign ry) ONIA
	98. FACILITY NAME (If not institution, give HARBOR HOSPIT)		ER		9b. CITY		TIMC		EATH		9c. CO	UNTY OF D	DEATH
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	rv		10c CIT	Y, TOWN O	OR LOCAT	ION						10d. INSIDE CITY
DIMEGICAL	MARYLAND 2	ANNE ARU	JNDEL	100.01	1, 10411	SE	VERN						LIMITS? 1 TYES 2 X NO
CULTURE	7921 BARNHILL	CIRCLE				101	21 21	144	ļ.		10g. CI		WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	FORCES? 1	YES 2 TO MAR OR DATES	NO		If yes, sp		n, Mexica	n, Puarto I	t? (Specify Ye Rican, atc.)	a or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. ifly: WHITE
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	(0	ECEDENT'S live kind of a. Do NOT u	USUAL O work done ise retired.)	CCUPATIO during mo	ON st of worldn	g	16b	16b. KIND OF BUSINESS/INDUSTRY			
	3	—	"	CAR	PENT	ER			B	UILD	ING	CONS	TRUCTION
	17. FATHER'S NAME (First, Middle, Lest) REIN THALBER(G SR					18, MOTH	MAF	-	Middle, Maidei	65		
3	19a. INFORMANT'S NAME (Type/Print)	J DK.	15	b. MAILING	G ADDRES	S (Street a	nd Number			ber, City or To	wn, State, 2		
2	JOHN THALBERG	JR.	7	921	BAR	NHI	LL C	IRC		SEVE			21144
	20a. METHOD OF DISPOSITION 1	moval from State	20b. PLACE METR									– City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	oufn	rem	22. R	NAME AN	OND	C.	FIN	K FUN	IERA	L HC	OME 21061 ENIE, MD.
4	23. PART I. Entar the diseases, or shock, or heart fallure	complications the	at caused the d	eath Do	_								Approximata
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	92A .	April 1981 - pring - 8 pp.	0 ~	en.								Interval Between Onset and Death
5	Sequentially list conditions, if any, leading to immediate	U	O (OR AS A CONSE				ADEN	1001	ARCI	Nem	A .		
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. OUE TO	OR AS A CONSE	OUENCE C	DF):								
	resulting in death) LAST	d											
	PART II. Other significant condition	ens contributing to			In the u	nderlyln	g cause (given in	Part I.	24a. WAS A PERFO	RMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	CERE	BRO UAS	SCULAC	A	ccio	SNT			:				1 - YES 2 - 10
	25. WAS CASE REFERRED TO MEDICAL					28. PI	LACE OF D	EATH (C	neck only o	ne)			
	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ne 5 🗆 Re	sidence	8 🗆 Othe	er (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE O	F INJURY Day, Year)	28b. TH		28c. IN.	URY AT		,	SCRIBE HOW	INJURY C	CCURED	
5	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At h	ome, farm,	street, fac		YES 2	_ №0	28f. LOC	CATION (Street or Town, State	t and Numl	ber or Rural	Route Number,
COMPLETED	4 Homicide determined											NIAN T	
	(Check only												(a) and manner as stated.
20	29b. SIGNATURE AND THE DECEMBER	Pal	-				29c. LICI	ENSE NU	MBER		29d. D.		D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON V		2017	- 17		0 M	11	6		ا سناسس د	0	-	
l	DAMPIEL 31. DATE FILED (Month, Day, Year)	ROS LE		H	MKB	OF	HO	Sp.,	CE	NTE			
	ZHIL 06 1990	Sulie Day	HONON-NOTICE	latt.									

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attending physician. BALTIMORE, MARYLAND 21203-3146 Page 6 may be retained by permit. Pages 1, 2, 3 should

burial-transit

as the

page 5 should

director,

funeral

medical

cremation,

prior to burial,

BOX 13146, P.0. DIVISION OF VITAL RECORDS,

after death. filled in by the fi completely executed within and ending physician a l'Hygiene prior to certificate be requires that the death signed by the atter Health and Mental the been s has b PHYSICIAN: The law DIRECTOR: After this certificate hours after death with the State HOSPITAL OR ATTENDING TO THE FUNERAL ID THE FUNERAL ID BE filed within 72 h

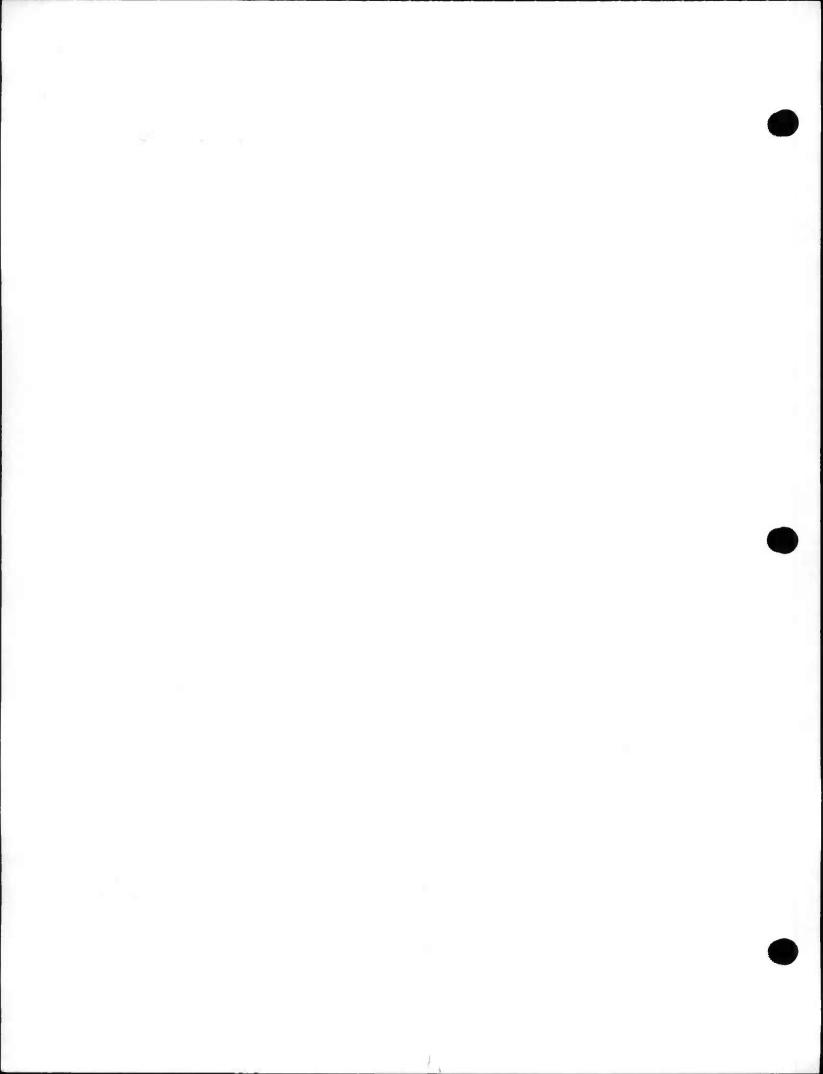
1990

Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE TRINKAUS STATE REGISTRAR LOIS E. CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 7/3/90 3. TIME OF DEATH Trin Kaus 2100 90 LOTS E. 7 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS OCTOBER 14,1902 705-07-8866 1 M 2 XF 87 MARYLAND 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CATONSVILLE BALTIMORE DIRECTOR SUMMIT NURSING HOME RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a, STATE 10d. INSIDE CITY BALTIMORE MARYLAND BALTIMORE YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL U.S.A. 4742 FREDERICK ROAD 21229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican,

1 YES 2X NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ast of working Elamentary/Secondary (0-12) College (1-4 or 5+) SECRETARY B.& O. RAILROAD 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES WILLIAM TRINKAUS ELLEN T. FORDE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2913 GREENWAY DRIVE, ELLICOTT CITY, MARYLAND 21043 MARGARET ANDERS pe 20a, METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must NEW CATHEDRAL CEMETERY BALTIMORE, MARYLAND 4 ☐ Donation S ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Genda A. 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 2122 23. PART I. Enter the diseases, or combinations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE O cirle CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 PART ii. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, Hem HOSPITAL: OTHER 1 YES 2 NO etlent 2 - ER/Outpetlent 3 - DOA a Other (Specify) 4 Nursing 9 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be 4 Homicide 28 determined H COMPL 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED Month. BE 131 641 0 o mel 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) · 1: 0 11. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 6

DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

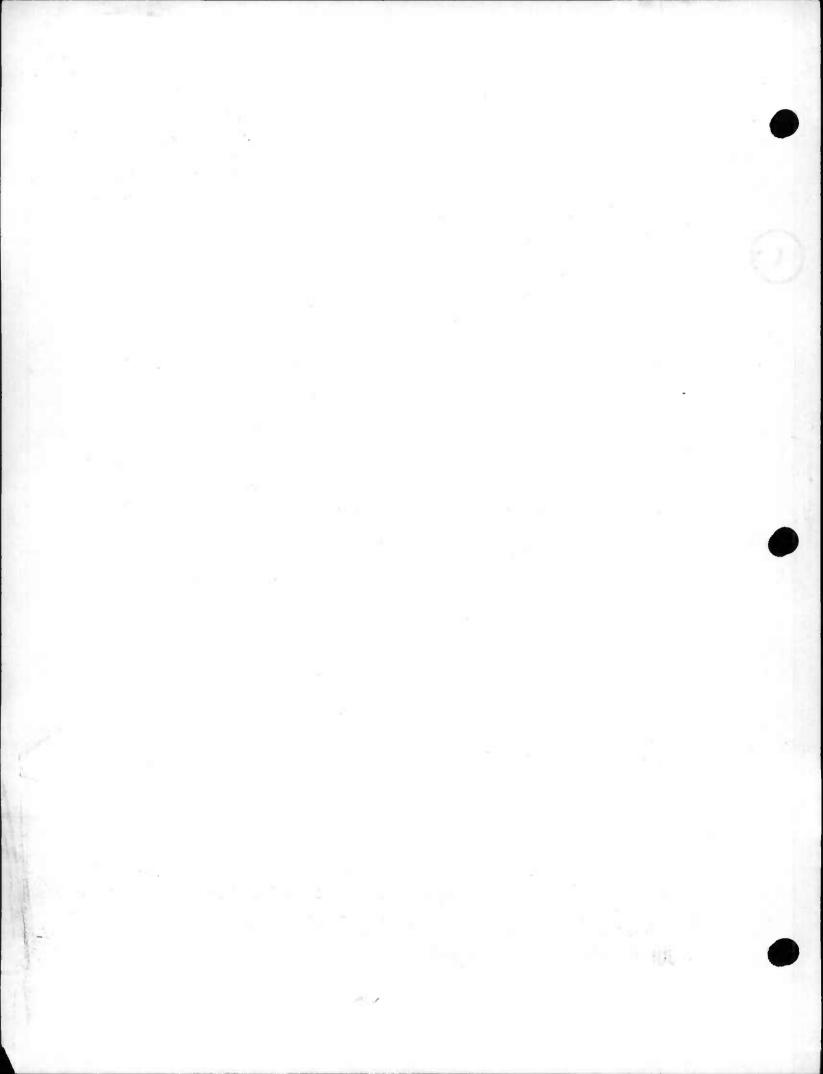
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH	MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	E. WAL	Γ2			2. DATE MONT	OF DEATH DAY	- 90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-74-3356		n yrs. last birthday) YRS.	IF UNDER 1 YE		(Monti	OF BIRTH h, Day, Year) -1906	6. BIRT	THPLACE (State or Foreign Intry)	
TOR	9a. FACILITY NAME (If not institution, give s ST. Joseph Ho RESIDENCE OF DECEDENT	street and number) Sp1 Fall			WN OR LOCATION OF D	EATH		Bal	timore.	
DIRECTOR	10a. STATE 10b. COUNT	timore		y, town on L	OCATION				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO	
	10e. STREET AND NUMBER		1100	VBOII	101. ZIP CODE		1.		WHAT COUNTRY?	
BY FUNERAL	3 C Fellowship 11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Olivorced	12. WAS DECEDENT EVER IN	2 NO	If ye	OECENDENT OF HISPA a, specify Cuban, Maxic YES 2 X 10 Speci	en, Puerto	Y? (Specify Yea o	Ble Spe	CE — American Indian, ek, White, etc. prite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		work done durin se retired.)	PATION ig most of working	16b	, KINO OF BUSIN	- 11.4		
OMP	8 Years - 17. FATHER'S NAME (First, Middle, Last)		Homema	aker	16. MOTHER'S N		Home Middle, Maiden Si	mame)		
BEC	William	Р.	Dempsey	7	Cather	rine		Sher	idan	
10	19a. INFORMANT'S NAME (Type/Print) Melvin P. Waltz	3			reet and Number or Rural				21204 yland	
	20a. METHOD OF DISPOSITION X M Burial 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	other place)		of cometery, crematory or Cemetes	rv		imore	Town, State Marvland	
	21. SIGNATURE OF FUNERAL SERVICE LI		nson	Joh	ne and address of fa nnson Fur	acium nera.	1 Home		on,MD21204	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on ea							Approximate interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) e. Pressure with first conditions of the conditions of									
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Jener Sa A	CONSEQUENCE O	flit	i and	ma			14 grs.	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	C. OUE TO (OR AS A	CONSEQUENCE O	F):						
AL	PART II. Other significant condition	ns contributing to death b	ut not resulting	in the under	riying cause given ir	n Part I.	24a. WAS AN AI PERFORM 1 YES 2	ED?	Ab. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC									1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH (C	heck only o	ne)			
14SI	1 TYES 2 NO	1 Inpatient 2 ER/Outp	atient 3 DOA	4 - Nursing	Home 5 Realdence	_	SCRIBE HOW IN.	IURY OCCURED		
BY PI	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	IN	JURY M 1	WORK? YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory,	office		CATION (Street and or Town, State)	d Number or Rura	il Route Number,	
COMPLETED	one)	BICIAN: To the best of my knowl ER: On the basis of examination							e(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	True Lem	- , m	· D.	29c. LICENSE NO	50 8	/	29d. DATE SIGNI	ED (Month, Day, Year)	
j.	30. NAME AND ADDRESS OF PÉRSON WIN	OF DELEON	ATH (ITEM 27) (Type	T-JOS	EPH HOS	PITA	,7	owson	MD-2/200	
	31. DATE FILED (Month, Day, Year)	Julia Savidon A					-			

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR						_	1824	iş	
	1 - STATE REGISTRAR	STATE OF MARYLAND /		TMENT OF I		MENTAL HYGIEN REG. NO				
17	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	v 100	3. TIME OF DEATH	0	
3	DOUGLAS	W. W	AINW	RIGHT		10140	177	0 61381	M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BURTH (Month! Disy; Year)		8. BIRTHPLACE (State or Foreig Country)	ign	
	215-12-8466	1xx 2 □ F 67	YRS.	MONTHS DATS	HOURS MIN.	12-12-19	922	Virginia		
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH		NTY OF DEATH		
DIRECTOR	St. Joseph Hos	pital		Towso	n		Ba	ltimore		
IREC	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
	Maryland Balt	imore	Pа	rkvi11	1. ZIP CODE			1 TYES 2XXVI	٥	
RA		•						ZEN OF WHAT COUNTRY?		
FUNERAL	8413 Nunley Dr				21234			S.A.		
BY FU	1 Never Married 2 Married 3 Widowed TOVOlvorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? XXX YES 2 IF YES, GIVE WAR OR DATES 1942 - 1968	NO NO	If yes, s		NIC ORIGIN? (Specify Yat in, Puarto Rican, atc.) iy:	or No—	14. RACE — American Indian, Black, White, atc. Specify: White	,	
	15. DECEDENT'S EDUC	CATION 16a, DE	ECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/IND			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of v a. Do NOT us	work done during ma se retired.)	ost of working					
MP	12 Years -	S	ervi	ce Man				d Forces		
	17. FATHER'S NAME (First, Middle, Last) George P	. Wainw	righ	t	Addie	ME (First, Middle, Maiden M •		Lewis		
TO BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	rn, State, Zip	Code)		
	Virginia L. Lo							ryland21234	4	
F	20s. METHOD OF DISPOSITION 17 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata other p	lace)		metery, crematory or			City or Town, State		
	4 ☐ Donation 5 ☐ Other (Specify)		aine		Cemeter		lto.	Co.,Marylar	<u>nd</u>	
	21. SIGNATURE OF FUNERAL SERVICE LIC	A Johnse	·	John	son Fun	eral Home		Waan MD2120	0.4	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bayween interval Bayween.									
	iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Acute	11	y.I				Onset and D		
	readiting in death)	DUE TO (OR AS A CONSE	QUENCE O	P: 17	11	1		145.	24	
NO	Sequentially list conditions,	b. DUE TO JOR AS A CONSE	the	y Jus	selle	once.		Dige	0	
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	OC C	S	8	//			Hoy.		
FIC	CAUSE (Disease or injury	DOE TO GONES A CONTRA	SUENCE O					24 16	0	
Ē	that initiated events reaulting in death) LAST							10		
CEI		4								
PHYSICIAN: MEDICAL	PART il. Other aignificant condition	is contributing to death but not	resulting	in the underlying	ng cause given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL	0	
Ö						1 YES :	NO D	OF DEATH?	USE	
×								1 TYES 2 NO	>	
Z										
C	25. WAS CASH THEFERRED TO MEDICAL. EXAMPLE?	HOSPITAL:		26. F	LACE OF DEATH (C/	neck only one)				
YS	1 YES 2 NO	1 Inpatient 2 FR/Outpatient	_	4 - Nursing Hot	me 5 🗆 Residence	6 Other (Specify)				
	27. DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OC	CURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm,	street, factory, offi	ca	281. LOCATION (Street City or Town, State		r or Rural Route Number,		
COMPLET	anni .	ICIAN: To the best of my knowledge, d							ted.	
BE CC	296. SIGNATURE AND TITLE OF CENTIFIE	A E			20c. LICENSE NU	MBER	29d. DAT	E-BIGNED (Month, Day, Year)	00	
TO B	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH OT	EM 27) (Time	Print	100	1383	1	Uly 4, 199	10	
			11.1100				-	- / ' . /	/	

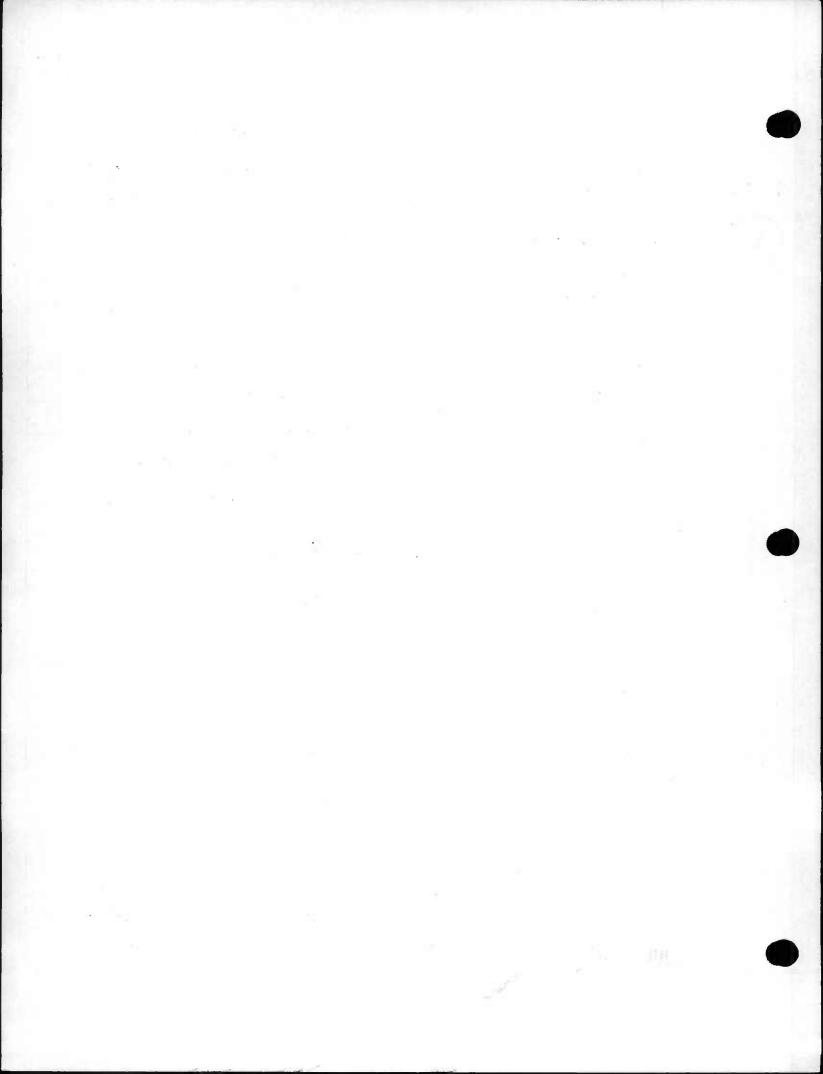


DIVISION OF VITAL RECORDS, P.O. BOX 13146,	3-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ttending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burlat, cremation, or removal.	s as the burial-transit
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
	CHERIE	L.	WAEC	CHTER		Ju1	v 5,	1990	EAR	м
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		BIRTHP Country)	LACE (State or Foreign
	214-30-5343 9e. FACILITY NAME (If not institution, give s	1 M 2 X 57	YRS.	ONTHS DAYS	HOURS MIN.	7-2	1-193	9c. COUNTY	ary	1and
	13701 East Dev	onfield		Baldw:				Ba1t	imo	re
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Phoenix									10d. INSIDE CITY LIMITS? 1 YES 2 XX10
i	10e. STREET AND NUMBER	IMOLE	TITC		ZIP CODE			10g. CITIZE		AT COUNTRY?
ı	2930 Paper Mil	1 Road			21131			U.S	. A .	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	XXNO	If yes, spe	ENDENT OF HISPAN polity Cuben, Mexical 2XXXIO Specify	n, Puarto Ri			Black, Specify	
	15. DECEDENT'S EDU: (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	rk done durina mo	DN st of working	16b.	KIND OF BUS		Whi	те
	Elementary/Secondary (0-12) 12 Years -	College (1-4 or 5+)	Homema	retired.)			Home			
	17. FATHER'S NAME (First, Middle, Last)		1 Homema	IKEL	18. MOTHER'S NA	_		Sumame)		
1	Lawrence H. Kn	och			Evelyn	М.	Chess	ser		
	19a, INFORMANT'S NAME (Type/Print)	0011	19b. MAILING A	ODRESS (Street a	nd Number or Rural F				ode)	
	D. Lynn Consta	ntine	901 Me	tfield	Road	Tows	on, N	Mary1	and	21204
	20a. METHOD OF DISPOSITION 1 Souriel 2 Cremation 3 Ram	oval from Stata	b. PLACE OF DISPOSIT other place)					CATION — CI		
	4 ☐ Donation 5 ☐ Other (Specify)		ulaney V		Mem. G		Ba.	Lto.C	0.,	Maryland
	Frelyn 3	St. John	and .	Johns	son Fun	eral			son	.MD21204
	23. PART I. Enter the diseases, or shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. End Street	eech ilne.	eaton	de of dying, eucl		iec or respi	ratory srres	ot,	Approximate interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS	A CONSEQUENCE OF):	O						
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):		,, ,					
	PART II. Other significant condition	s contributing to destin	but not resulting in	the underlying	g cause given in	Part i.	24a. WAS AN PERFOR	IMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.		ACE OF OEATH (Ch	eck only on	9)			
	1 YES 2 NO	1 Inpatient 2 ER/Out	tpatient 3 DOA 4	OTHER:	a 5 Realdence					
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	28d. DE\$	CRIBE HOW I	NJURY OCCU	RED	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	tY — At home, farm, str ecify)	reet, factory, offic	•		ATION (Street or Town, State)	and Number or	Rurel R	oute Number,
	(oncon only	ICIAN: To the best of my kno								and manner as stated.
-	296. SIGNATURE AND TOTE OF CERTIFIE	R /H	2		29c. LICENSE NUI	MBER	C-1-C	29d. DATE :	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSE OF O			13/1) 1	5351		1/6	/70
1	CITPRLES A	32. REGISTRAR'S SIG		SLER	De	Tows	SON	Day	2	1204
1	St. DATE PILED (MOTH), Day, Total)	11 11 19	nde 22 -							



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

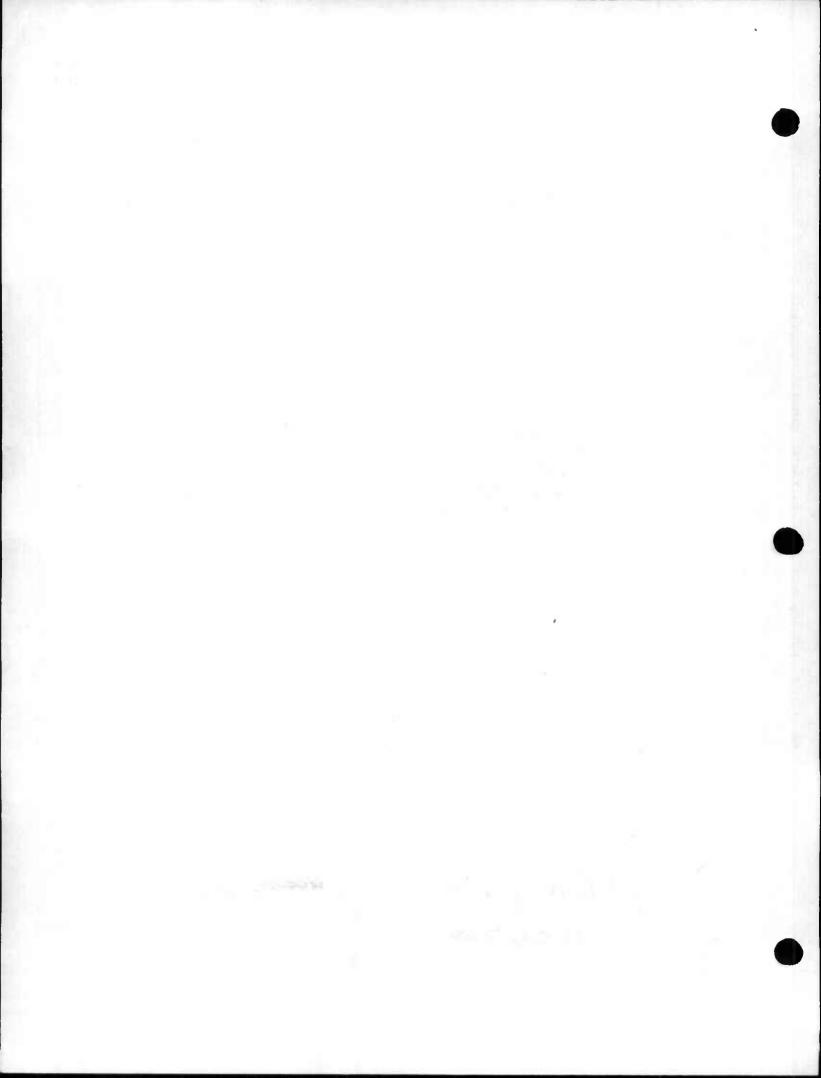
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE		10270	
1. DECEDENT'S NAME (First, Middle, Last) JOHN OSCAR	WO	OLSONCROF			2. DATE OF DEATH	DAY YE 90	3. TIME OF DEATH	
700	SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG . 24,	8.1	BIRTHPLACE (State or Foreign Country) ANSAS	
99. FACILITY NAME (If not institution, give street NORTH ARUNDEL H RESIDENCE OF DECEDENT		96.		BURNIE,		9c. COUNTY	OF DEATH	
10e. STATE 10b. COUNTY	RUNDEL		BURNII				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER 602 PAMELA ROAD				ZIP CODE 21061		U.S.	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	t. was decedent ever in forces? 1 🔯 yes if yes, give war or da KO	2 NO	If yes, spe		IC ORIGIN? (Specify n, Puerto Ricen, etc.) :	Contract -	RACE — American Indien, Black, White, atc. Specify: WHITE	
	ion np/eted) College (1-4 or 5 +) NONE	18e. DECEDENT'S USL (Give kind of work life. Do NOT use rei O.A. M	done during mos tired.)	t of working	16b. KIND OF	GOIILD	RY	
17. FATHER'B NAME (First, Middle, Last) HENRY A. WOOLSON		4			GOULD IAME (First, Middle, Meiden Surneme) WALTERS If Route Number, City or Town, State, Zip Code) GLEN BURNIE, MD. 21061			
190. INFORMANT'S NAME (Type/Print) MRS. JOAN A. WOOLS			PAMELA					
20a, METHOD OF DISPOSITION 1	CE	PLACE OF DISPOSITION OTHER PIECE) DAR HILL	CEMETE	RY	BF		PARK, MD.	
21. SIGNATURE OF SUMERAL SERVICE LICENSE				OND AVE.	SINGLE S.W. GLE		ERAL HOME E, MD. 21061	
ahock, or heert fellure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	Info	ngestur	p Har	(Faile	Interval Between Oneet end Death	
PART II. Other algnificent conditions of	contributing to deeth be	ut not resulting in t	he underlying	j ceuse given in	PER	AN AUTOPSY FORMED? 3 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
	IOSPITAL:		THER:	ACE OF DEATH (Ch				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME O	F 28c. INJ WO M 1	URY AT RK? 'ES 2 NO	8 Other (Specify) 28d. DESCRIBE HO 28t. LOCATION (Str	eet end Number or	Rural Route Number,	
4 Homicide determined	building, atc. (Spec		nt the time, date	end place, end due	City or Town, S			
0001	On the beele of examination	apd/or investigation, i	in my opinion, d	29c, LICENSE NU	MBER		idNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO S	A M.D. 16	6 RAIN				GLEN B	UNNIE MD	
"JUL" 0 6 1990" gal	d Double HAMEN	484.186					21060	

and I happy matery at the same

DALLIMONE, MARI	urs after death. Page 6 may be retained to	lled in by the funeral director, page 5 should in or removal.	e medical examiner must be notified
DIVISION OF VITAL RECORDS, F.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shours he filed within 72 hours after death with the State Dear, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
	TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: If

	FOR STATE REGISTRAR	STATE OF MA	CE		RTMENT					YGIENE IEG. NO.			, ,
	1. DECEDENT'S NAME (First, Middle, Last)		NA WACE			2			2. DATE OF I	DEATH 7		3. 90	TIME OF DEATH
=0	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	_	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH	8.	BIRTHPLA	NCE (State or Foreign
	218-36-6022	1 ☐ M 2X F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	4/13/	95°		Country)	LAND
	9s. FACILITY NAME (If not Institution, give	street and number)			9b. CITY	TOWN C	R LOCATIO	N OF DE	ATH		9c. COUNTY	OF DEAT	'N
OH O	HOMEWOOD RETIREM	ENT CENTE	R		FI	REDE	RICK				FRE	DERI	CK
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	· ·		40- 017	Y, TOWN C	010047	1011				10d. INSIDE CITY		
DIRECTOR	MARYLAND BALTIMORE				RNEY	H LOCAI	ION						LIMITS? YES 2 XNO
	10e. STREET AND NUMBER					101	ZIP CODE			T	10g. CITIZEN		T COUNTRY?
ERAL	3024 THIRD AVENUE						2123	34			U	J.S.A	١.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. AF FORCES? 1 YES 2 XX			ED)		1 yes, sp		ı, Maxicar	IC ORIGIN? (S 1, Puarto Ricar :		or No— 14	RACE — Black, W Specify:	American Indian, Thita, etc. WHITE
E E	15. DECEDENT'S EDI (Specify only highest grade Elamentary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Giv	e kind of		CCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working							
	8		SEC	CRET	ARY				KOR	B FL	OORING	3	
8	17. FATHER'S NAME (First, Middle, Last)	DILLIAND.							ME (First, Middle				
BE	WILLIAM G. WACKE	RHAUSER	070						E. HAR				
2	ANNE B. SUZNICK								loute Number, C LTIMOR				
	20a. METNOD OF DISPOSITION 1 To Burlat 2 Cremation 3 Ren		20b, PLACE O	F DISPO	SITION (Na	me of cer	netery, crem	•		20c. LOC	ATION — City	y or Town,	
	4 Donation 5 Other (Specify)		LOUDUI	N PA						BAL	rimore	E, MD).
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Al.				M. 8			C. W	ITZKE	FUNE	CRAL HOMES
	Lusse	crez	see (10	630	EDMO	NDSOI	N AVEN	UE, CA	ATONSV	ILLE	, MD.21228
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	List only one caus	caused the deale on each line.						n as cardiac	or reapir	atory arrea	t, 	Approximate interval Between Onset and Death
Z	Sequentially list conditions,												
RIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSECU	UENCE C	OF):								
HIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE C	F):								
3	PART II Other significant condition	ne contributing to	feath but not re	aultina	in the ur	dodulo	2 001100 0	duen in	Bort I na	- WOOAN	ALITODOV	T 245 W	EDE ALTRODOV FINIDINOS
N: MEDICAL	1 TYES 2 NO COMPLET							MILABLE PRIOR TO OMPLETION OF CAUSE					
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	eck only one)				
PHYSICIAN:	1 TYES 2 NO	1 Inpetient 2	-		Nur	sing Nor		sidenca	8 Other (Sp				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF I (Month, Da	y, Year)		JURY M	1 🔲	YES 2] NO	28d. DEŞCRI	BE NOW IN	IJURY OCCU	RED	
	3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF building, a	INJURY — At hon stc. (Specify)	ne, ferm,	street, fact	ory, offic	a		281. LOCATIO	ON (Street a own, State)	nd Number or	Rurai Rout	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												nd manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	n	40	•			29c. LICE	NSE NUN	-	0587		IGNED (M	ionth, Day, Year)
-	30. NAME AND ADDIESS OF PERSON W	IITH JR. M	D. HOM			TIRE	MENT	CEN'	TER, FR	EDER	ICK, N	ID.	
	SMITH JR. MD. HOMEWOOD RETIREMENT CENTER, FREDERICK, MD. 31. DATE FILED (Month, Day, Year) JUL 0 6 1990												



transit permi Puberta 3	INERAL DIRECTOR
er death. Page 6 may be retained by the hospital or attending physici the funeral director, page 5 should be detached for use as the burral-I val. 4 examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm. Price and the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		C	ERTIFIC	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lee"						2. DATE	E OF DEATH	IV.	YEAR	3. TIME OF DEATH
Mary A	bbot					6	- 20	5 -	90	9:000
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		IF UNDER 1 YEA			OF BIRTH			OPLACE (State or Foreign
102-05-0442	1 🗆 M 2 💢 F	0.0	YRS.	MONTHS DAY	HOURS MIN.		30-09		Ba	Itimore,
. FACILITY NAME (If not institution, give	street and number)	80		9b. CITY, TOW	N OR LOCATION OF D		30 03	9c. CO	JNTY OF E	the state of the s
706 Willow Tr	ailopita	.1		Crow	nsville			An	ne A	rundel
a. STATE 10b. COUN			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
MD Anne	Arundel		Cr	owsvi	lle					LIMITS?
e. STREET AND NUMBER					101. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
706 Willow	Trail				21032				USA	4
. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS (ECENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	or No-		E — American Indian, k, White, etc.
Never Married 2 ☐ Married K Widowed 4 ☐ Divorced	IF YES, GIVE V	AR OR DATES	INO		specify Cuban, Mexic 'ES 2 닷 NO Spec		recur, mc.)		Spec	
15. DECEDENT'S ED	OUCATION de completed)			ISUAL OCCUP	ATION most of working	16	b. KIND OF BUS	SINESS/IN	IDUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5	- #	le. Do NOT use	retired.)	most or working					
12			cret	arv			Poly	Tec	Ins	t.Brookl
FATHER'S NAME (First, Middle, Last)			7 7		18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
Gaspare Livo	ti				Jeni	nie	Abate			
a. INFORMANT'S NAME (Typ=/Print)	50"				et and Number or Rura	Route Nun	nber, Chu or Tow	n, State, Z		
Adrienne McD	onough	7	706 W	illow	Trail,	cro	wnsvi	lle	, MD	21032
a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPOSI	TION (Name of	cemetery, crematory or		20c. LO	CATION -	- City of To	own, Stata
Buriel 2 X Cremetion 3 ☐ Ra ☐ Donalion 5 ☐ Other (Specify)	moval from Stata	Met	ro C	remat	ory	5.4	Ва	lti	more	, MD
SIGNATURE OF FUNERAL SERVICE	LICENSEE	7		22. NAME	AND ADDRESS OF F	ACILITY	- 7 77		T) 1	
Dort 1	11111			l nar	desty Fi	uner	al Ho	me Ann	P.A.	is MD
iequentielly list conditions, ferry, leeding to immediate ause. Enter UNDERLYING AUSE (Diseese or injury het initieted events esuiting in deeth) LAST	bDUE TO	(OR AS A CONS	EQUENCE OF):						
ART II. Other eignificent condition	one contributing to	deeth but not	resulting in	n the underl	ying cause given i	n Part i.	24a. WAS AN		Y 24	b. WERE AUTOPSY FINDIN
							PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLACE OF DEATH (C	Check only	one)			
1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER:	fome 5 Realdence	6 🗆 Ott	ner (Specify)			
MANNER OF DEATH Natural 5 Pending	26a. DATE OF (Month, I		26b. TIME INJU	JRY	INJURY AT WORK?	26d. DI	EŞCRIBE HOW I	NJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicida datarmined	28e. PLACE (OF INJURY — AI !	home, farm, s			261. LO	CATION (Street by or Town, State)	and Numb	er or Rural	Route Number,
CONTROL ONLY	YSICIAN: To the post o									(a) and manner as state
BE SIGNATURE AND TITLE OF CENTER	IER /	/ / /	/		29c. LICENSE N	UMBER		29d. D	KTE SINE	Day, Year)
Mull	regul	16/			0/2	45	7	16	12/	190
0. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAU	SE OF OEATH (IT	ЕМ 27) (Туре,	Print)		1 .)				and Mary
OATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE								
JUN 2 2 1990	the Devidson	-Agndalle	1							

MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as

	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF		MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	y YEA	3. TIME OF DEATH			
	EDGAR	E.	ADAMS	S, SR.			0 90				
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 MRS.	7. OATE OF BIRTH	8. Bi	RTHPLACE (State or Foreign			
- 9	214 05 0521	1 🔀 M 2 🗆 F	O O YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-12-00		ountry)			
- 1	214-05-0531 9a. FACILITY NAME (If not institution, give s	met and number)	89 THS.	Dh. CITY TOWN	OR LOCATION OF DE		9c. COUNTY C	ltimore,MD_			
~											
DIRECTOR	NORTH ARUNDEL	HOSPITA		GLE	<u>N BURNIE</u>		ANNE	ARUNDEL			
ပ္က	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
<u>E</u>								LIMITS?			
	MD IAnne 100. STREET AND NUMBER	Arundel	Ga	mbrill	S IOI. ZIP COOE		40 - 04747771	1 ☐ YES 24 NO DF WHAT COUNTRY?			
\$	Contract the season						-37				
9	P.O. Box 71				21054		US.				
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1			ECENDENT OF HISPAN specify Cuban, Mexican	NC ORIGIN? (Specify Yes	or No— 14. F	IACE — American Indian, Black, White, etc.			
BY FUNERAL	1 Never Married 2 Married 3 🔀 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		S NO Specify		S	pectly: White			
世	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a, DECEDENT'S (Give kind of	work done during i		16b. KIND OF BUS	INESS/INDUSTR	ry .			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)							
A P	12		Farm	er		Farm					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)				
BE (William H. Adam	ns			Mary A	Alice Per	pler				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t and Number or Rural R	Route Number, City or Tow	n, State, Zip Code)			
F	Mary E. Collins	5	P.O.	Box 3	7, Gambr	cills, MD	210	54			
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name of o	cemetery, crematory or	20c. LO	CATION - City of	or Town, Stata			
	1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	Baldwin	Memori	al Cemet	erv Mil	lersv	ille, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	/)	22. NAME	AND ADDRESS OF FAC	CILITY					
	▶ ` ⊃ + /)	(+1X-D				uneral Ho					
-	A do	800	4					rills, MD			
	23. PART I. Entar the diseases, or ehock, or heart failure.			not enter the n	node of dying, such	h as cardiac or reepi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final			_				Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition A DI G C TO I										
		· CARL	1106 En	resulting In deeth) a. CAUCO GOVIC OTTOCK A. CAUCOUNT OF A CONFOUNT OF THE TOTAL							
		a. ARU	AS A CONSEQUENCE OF	F):	1/000			7776			
Z	resulting in deeth)	a. ARU DUE TO (OF	106 EN A AS A CONSEQUENCE OF CAND	ICO IAZ	INFA	nono	J	20A4S			
LION		a. DUE TO (OF	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	1/AZ	INFA	MOTO)	20145			
CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	· CORE	NAMY	AN	IN FA	METTO	J	2045			
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	· CORE	R AS A CONSEQUENCE OF A SA A CONSEQUENCE OF	AN	IN FA	MOTO	J	2045			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	· CORE	NAMY	AN	INFA	MSEMS) E	20A4S			
. CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO (OF	A AMA	AVE)	IN FA	MSCTO DISCOSS	E Alimpsy I	2-0 A4S			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. OUE TO (OF	A AMA	AVE)	IN FA	PERFOR	MED?	2-0 A4S 2-10 A4S 2-10 A4S 2-10 A4S			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO (OF	A AMA	AVE)	IN FA		MED?				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO (OF	A AMA	AVE)	IN FA	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO (OF	A AMA	AVE)	IN FA	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	c. OUE TO (OF	A A CONSEQUENCE C	F): In the underly	IN FA	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	c. OUE TO (OF	A AMA	In the underly 26. OTHER:		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	reculting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	AAAA CONSEQUENCE C	In the underly 26. OTHER: 4 □ Nursing H	PLACE OF OEATH (Chi	PERFOR	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d	AAAA CONSEQUENCE C	In the underly 26. OTHER: 4 — Nursing H AE OF 28c. JURY	PLACE OF GEATH (Ch	PERFOR 1 YES 2 eck only one) 8 Other (Specify)	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2			
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions To the Examiner? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d	R/Outpatient 3 DOA R/Outpatient 3 DOA JURY 28b. Til IN	In the underly 26. OTHER: A \(\text{V} \) With Nursing H OF UNRY M 1	PLACE OF OEATH (Choome 5 - Residence NJURY AT WORK? YES 2 NO	PERFOR 1 VES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW (NJURY OCCURE	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	d	R/Outpatient 3 DOA R/Outpatient 3 DOA JURY 28b. Til IN	In the underly 26. OTHER: A \(\text{V} \) With Nursing H OF UNRY M 1	PLACE OF OEATH (Choome 5 - Residence NJURY AT WORK? YES 2 NO	PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	d. OUE TO (OR d. In a contributing to de HOSPITAL: Inpution 2 El 28e. DATE OF IN. (Month, Dey, 28e. PLACE OF III building, etc	R/Outpatient 3 DOA R/Outpatient 3 DOA BLURY At home, farm, L. (Specify)	26. OTHER: 4 Nursing H ME OF 28c. UURY M 1 street, factory, of	PLACE OF GEATH (Chrome 5 Residence INJURY AT WORK? YES 2 NO	PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State,	NJURY OCCURE	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d. OUE TO (OF d	R/Outpetient 3 DOA AURY 28b. Til NJURY — At home, farm, i. (Specify)	26. OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, of	PLACE OF GEATH (Chrome 5 Residence NJURY AT WORK? YES 2 NO	PERFOR 1 VES 2 eck only one) 8 Other (Specify) 2ed. DESCRIBE HOW (City or Town, State) to the cause(a) and ma	NJURY OCCURE	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	d	R/Outpetient 3 DOA AURY 28b. Til NJURY — At home, farm, i. (Specify)	26. OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, of	PLACE OF OEATH (Choome 5 Greatdence NJURY AT WORK? YES 2 NO Hice sta and place, and due o, death occured at the	PERFOR 1 VES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and ma	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DURAN ROUTE Number,			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d	R/Outpetient 3 DOA AURY 28b. Til NJURY — At home, farm, i. (Specify)	26. OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, of	PLACE OF GEATH (Chrome 5 Residence NJURY AT WORK? YES 2 NO	PERFOR 1 VES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and ma	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1990

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REC	3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DE			TIME OF DEATH
	TANE M	, Aldei	V		Ï	MONTH	TO	TAB	1140M
	4. SOCIAL SECURITY NUMBER	5. SEX 6, AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR			ACE (State or Foreign
	216-44-9056	1 M 2 DP		IONTHS DAYS	HOURS MIN.	(Month, Day,	7,1920	Country)	Vamle
	9a, FACILITY NAME (If not institution, give si			DE CITY TOWN (OR LOCATION OF DE			INTY OF DEAT	
œ						em			
2	Anne Arundel I	Medical Cer	iter	Ann	apolis		An	ine A	rundel
EC	10e. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10	d. INSIDE CITY
DIRECTOR	Maryland Anno	e Arundel		Annap	lic			1	LIMITS?
_	10e, STREET AND NUMBER	e Alunder			ZIP CODE		10g, CIT	IZEN OF WHA	416
FUNERAL	1006 I C	a la Davi sa a			21401		4	U.S.	
Z I	1896 Luce Cr	12. WAS DECEDENT EVER IN	LUS ARMED	13 WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (See	city Yea or No.—	V	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 K NO	If yes, sp	ecify Cuban, Mexican 2 NO Specify	n, Puerto Rican,		Black, V Specify:	Vhite, atc.
BY	3 Widowed 4 Divorced	IF 1ES, GIVE WAN ON DI	ALES	1 123	Z IN NO Specify				ite
C	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U			16b. KIND	OF BUSINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done during mo	st of working	1			
7		5 +	Affair	's Off	cer	Ci	vil Se	rvice	9
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	J.	*****	5 011.	18. MOTHER'S NA				
	James Edward	MaCmari			Halan	a Walk	er Mac	kall	
BE	19a, INFORMANT'S NAME (Type/Print)	Uldio Baw	19b. MAILING A	ADDRESS (Street	and Number or Rural F				
9	Manning W. Alo	don	1806	Luce	Snook D	mirro	Annanc	lic	MD 21401
	to, METHOD OF DISPOSITION	200	. PLACE OF DISPOSIT				20c. LOCATION -		
	1 Donation 5 Other (Specify)	oval from State	other place)	ate C	emetery		Annapo	lis.	MD
	21. SIGNATURE OF FUNERAL SERVICE LK	CENTREE //	/	22. NAME A	ND ADDRESS OF FA	CILITY	Tr.	,,	
	Total 1.11	141.		Tayl	or Fune:	ral Ch	apel	2	1401
	purales X	July / Pa			Flouces				
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on e		ot anter tha mo	oda of dyling, suc	h as cardiac o	r respiratory a	rrest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final	14-004							Onset and Death
	disease or condition resulting in death)	a. KYMNH	0517						
	a-some sever	DUE TO (OR AS A	A CONSEQUENCE OF)	:					
N	Sequentially list conditions,	b							
H	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)						i 1
0	CAUSE (Disease or Injury	C	A CONSEQUENCE OF						-
Ë	that initiated events resulting in death) LAST	DOE TO (ON AS A	CONSEQUENCE OF	•					j
CERTIFICATION		d							+
7	PART II. Other significant condition	ns contributing to death b	out not resulting in	the underlylr	g cause given in		WAS AN AUTOPS'		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
DICAL							YES 2 NO	C	COMPLETION OF CAUSE
ш						_ _			YES 2 NO
≥ ::						_			
AN	25. WAS CASE REFERRED TO MEDICAL	I		26. F	LACE OF DEATH (Ch	eck only one)			
PHYSICIAN: MI	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	ne 5 🗆 Residence	8 C Other (Spe	c#h/l		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT		E HOW INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU		ORK? YES 2 NO	100 100 100			
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, farm, st	reet, factory, offi	CO CO	28f. LOCATION	(Street and Numb	per or Rural Ro	ute Number,
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	iclfy)			City or Tow	m, State)		
	29a, CERTIFIER								
MP	eeel.	SICIAN: To the best of my know ER: On the basis of examination							and manner as stated
COMPLETED		- FIELD ANDYC-SAL-SHEETS	a myesigettoi	., acting opinion,					
BE	296. SIGNATURE AND THE OF CERTIFIE	ER /			29c. LICENSE NU	MBER /	29d, D	ATE SIGNED	Yonth, Day, Year)
5	101, notanin	1 4n m	PATIL MEEK	0.1.0	100	118		0/21	/ 0
_	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	mint)	- AN	NAPO	215 2	no	21401
		32 REGIOTRAR'S SIG	AUNIDE	, , , , ,	10101	4 / /4			,
	31. DATE FILED (Month Coyc) bar								

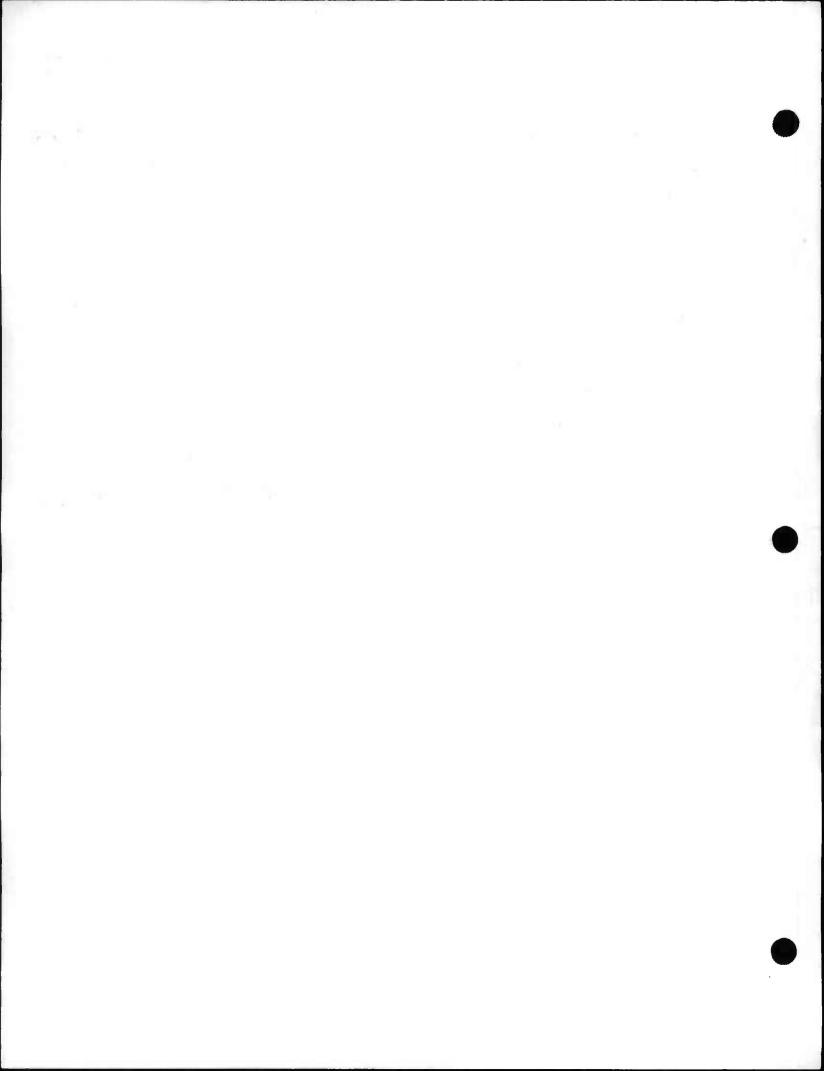
JUN 2 2 199U

- was the state of the same of the

FOR STATE

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH	
	Cec eli a M	larie	AMATO			June	18, 199		12:51 A.MM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	n yrs. (ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF OU	PTA I	A DIET	HOLAGE (Chate on Seculor	
	579-14-0426	1 □ M 2 💢 F		YRS. MONTHS DAYS HOURS MIN.			12, 19	12, 1904 Washington, 1		
E I	90. FACILITY NAME (If not institution, give street Doctor's Hospital	et and number)		9b. CITY, TOWN OR LOCATION OF DEATH Lanham				OUNTY OF	eorge's	
8	RESIDENCE OF DECEDENT						nee e	coige s		
Ĭ Į	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	ATION				10d. INSIDE CITY LIMITS?	
DIRECTOR	Maryland Prince	New	Carro					1 XYES 2 NO		
FUNERAL	7421 Leahy Road				01. ZIP CODE 20784			S.A.	WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		CENDENT OF HISPAN			- 14. RAC	E — American Indien, ik, White, stc.	
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	TEST NO	1 T YE	pecify Cuben, Mexica S 2 XMO Specify	n, Puerto Hican, ::	etc.)	Spec		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION ompleted)	18e. DECEDENT'S U	ork done during n	TON nost of working	18b. KIND	OF BUSINESS/	INDUSTRY		
١٣		College (1-4 or 5+)	Beauti			H-	ir Sal	220		
N N	10th Grade 17. FATHER'S NAME (First, Middle, Last)	None		CZCII	18. MOTHER'S NA					
8	John Carniello					Zaccar		-/		
BE	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural			Zip Code)		
2	Cecelia Garcia (Nic	ece)	7421	Leahy F	Road, New	Carrol	lton, l	Mary1	and 20784	
	201. METHOD OF DISPOSITION 1 Durini 2 Cregnation 3 Remove	20b.	PLACE OF DISPOS	TION (Name of c	emetery cremetory or		20c. LOCATION			
	4 Donetion 5 Other (Specify)	Fo Fo	rt Linco	1n Ceme	etery		Brentwo	ood,	Marvland	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22 NAME	and address of fa is Gasch	CILITY				
	1 hate 191	212615-	_	4739	Baltimore	a Ave.	Hvatts	11 110 1111e	ne, P.A. Md. 20781	
	23. PART i. Enter the diseees, or co								Approximats	
	ehock, or heert fellure. Li			2 2.2	0, ,	0. 1.1	. 1	1 01	Onset end Deeth	
	diseese or condition resulting in death)	ACUTE	- CIT	10010	10 LMO	WHIL	9 111	C/ C/2	-)1	
	2.000.00 OK. 0.000.00	DUE TO (OR AS A	CONSEQUENCE OF):	5 1/6	ANT	FAIL	UM	5	
NO	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEAT PAICURE DUE TO (OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	if eny, leeding to immediate csuse. Enter UNDERLYING	-	REC	ENT	- 1746	CH	401150		1	
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF): p		IN FY	rreT.	100		
ERT	resulting in desth) LAST	Chroni	e LUN	9 1	11sras	E				
O	PART II. Other significant conditions	contributing to death b					WAS AN AUTOP		b. WERE AUTOPSY FINDINGS	
EDICAL	Herh	eltino	. //	m			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	In apport	Arati	CIAD	1+ 5	4NDRO	Ens	YES 2 NO		DF DEATH? 1 YES 2 NO	
. M	a from		3.1112		/10				1 120 2 110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			***	PLACE OF DEATH (Ch	eck only one)				
Sic	~^	HOSPITAL: 192 Inpatient 2 ☐ ER/Outp	atient 3 DOA	OTHER: 4 Nursing Ho	ome 5 🗆 Residence	8 Other (Spe	ecify)			
PH	27. MANNER OF DEATH Matural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIMI	URY	NJURY AT VORK?	28d. DESCRIB	E HOW INJURY	OCCURED		
B≼	2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, term, a	rreet, ractory, or	nce	City or Tov	N (Street and Num wn, State)	nder or Hura	Houte Number,	
9	29e. CERTIFIER	IAN: To the best of my know	lades death secure	ed at the time of	to and place and du	to the source(s)	and manner on	atatad		
COMPLETED	(Criscia Orny	: On the beele of examination							(e) end menner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	07			29c. L/CENSE NU	MBER	29d.	DATE SIGNE	D (Month, Day, Year)	
BE	//	1 mar	Mr)	669)	•	61	11190	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				1		
	Dr. Aroor S. Rao,			Luck 1	Rd., #302	, Lanha	am, Mar	yland	20706	
31. DATE FILED (Month, Day, Year) JUN 19 90 32. REGISTRAD'S SIGNATURE Funda Davidson—Handell										





o o	with
BOX 13140	executed
<	离
0.00	certificate
7.	death
2	the
분	that
RECORDS, P.O.	requires
-	AW
Z	The
DIVISION OF VITAL	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
/ISION	ATTENDING
5	DR
	DSPITAL

BY

COMPLETED

BE

2

ate be executed within 24 hours after death. Pag	ne attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Aental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the death certificate be execu-	the att	Mental Hygiene prior to bur	njury, or other traumativ
N: The law requires that the	certificate has been signed by	ith the State Dept. of Health and	item 23 shows any in
to the hospital dr attending physicial	TO THE FUNERAL DIRECTOR; After this certif	be filed within 72 hours after death with the	APORTANT: If item 28 is marked, or
TO THE HOSPITAL D	TO THE FUNERAL DI	be filed within 72 ho	IMPORTANT: If It

90 18252 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4:05 AM 36 0 10 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 232-60-0243 DAVE 1 | M 2 | F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DashINGTON ADVENTIST HOSPITAL DIRECTOR (0) RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY PR. GEO MD Beltsville 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 20705 4711-Howard Ave 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 K NO 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest of Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker own home COMPL 1 - 12vr. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Eva Lewis Harvey O'Dell BE 19a. INFDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cecil Anglin Howard Avenue, Beltsville Md 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Surial 2 ☐ Cremation 3 ☐ Re Oakdale Cemetery Oakdale, West VA. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Hines/Rinaldi Funeral Home SIGNATURE OF FUNERAL SERVICE LICENS 11800 New Hampshire Ave., S.S. Md. 22 FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart feliure. List only one cause on each line. intervai Between Onset end Death **IMMEDIATE CAUSE (Fine)** disease or condition_ Ihy resuiting in death) DUE TO (OR AS A CONSEDUENCE DE) 24 andline CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE DF): If eny, leading to immediate cause. Enter UNDERLYING mallmant

DUE TO (OR AS A CONSEQUENCE OF): 6 20 CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE YES 2 ND OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)					
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient		OTHER: 4 \subseteq Nursing Home 5 \subseteq Residence 6 \subseteq Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending investigation	/ 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HDW INJURY OCCURED		
6 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one)

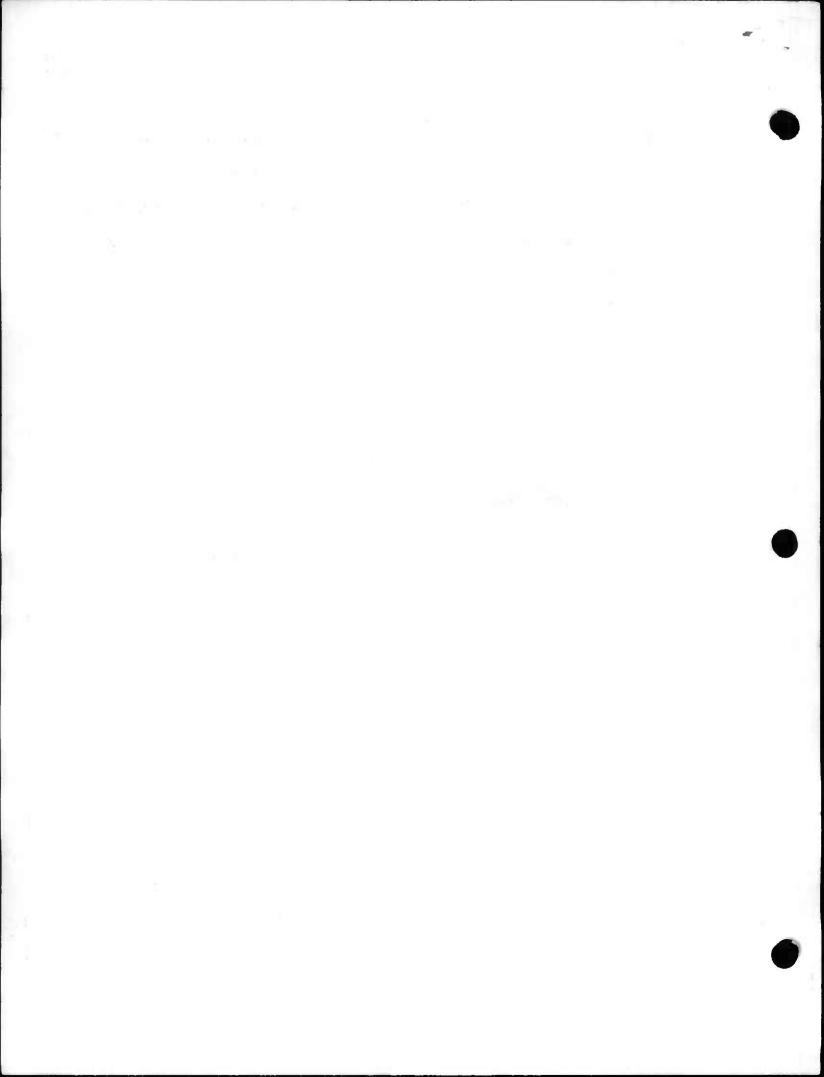
A MEDICAL EXAMINEN. OII (IN DESIS OF EXEMINISTICAL STREET WITH STREET	pation, in my opinion, death occurred at the time, data and pit	ice, and due to the cause(a) and manner as states
96. SIGNATURE AND TITLE DE CERTIFIER	29c LICENSE NUMBER	204 DATE SIGNED (Month Day Your)

29b. SIGNATURE AND TITLE DF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
	N = = 101	h

maian o vacce	126
SO, NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	

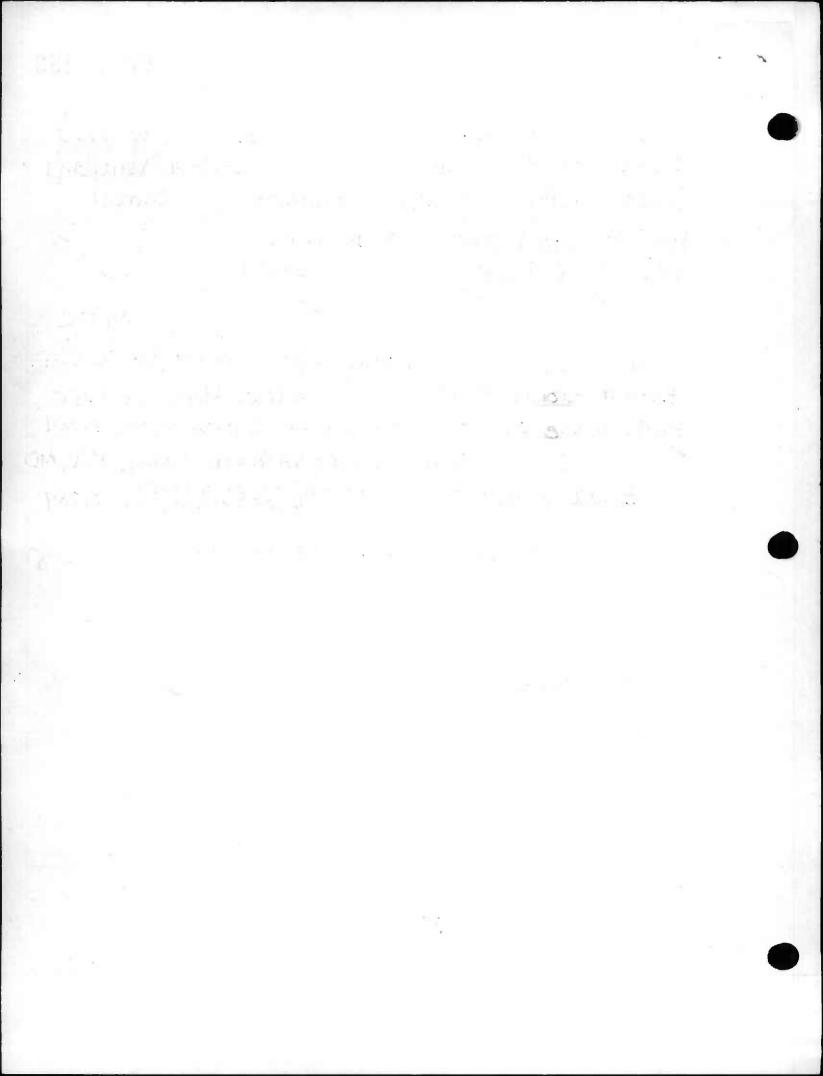
VO(DOIGO : G COCC-Y	(T) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		9 11-14
IAME AND ADDRESS OF PERSON WHO COMPLETED CAUSES	DEATH (ITEM 27) (Type, Print)	_	.0
Martin O. WELTZ	1252 BLGG	enuay an	Ora perche

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 16. wha Davidson



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnaries be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMI			MENTAL HYGIE							
	1. DECEDENT'S NAME (First, Middle, Last)	1 100				2. DATE OF DEATH MONTH	DAY.	3. TIME OF DEATH					
	EVERETT 4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In		NDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		90 2125 M					
	- 3 10 0 10 .	M2 F	16 YRS. MONT	THS DAYS	HOURS MIN.	(Manth Day Man) Country							
OR	Sa. FACILITY NAME (If not institution, give stree	4 Gen. He	spital "	West	R LOCATION OF DE	ATH 2	9c. COUNT	Y OF DEATH J					
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.												
- DIRECTOR	Maryland Carr	all Count	Y E	Ider	sburg			1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER	Drive	9	101.	ZIP CODE 217	84	10g. CITIZE	USA.					
FUN	11, MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVEN IN U FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Maxica	IC ORIGIN? (Specify '	fea or No— 1	4. RACE — American Indian, Black, White, etc.					
) BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify			White					
ETEC	15. DECEDENT'S EDUCAT (Specify only highest grade col	riON mpleted) College (1-4 or 5 +)	(Give kind of work of life. Do NOT use retir	lone during moi	N at of working	22.25	USINESS/INDU						
COMPLETED	11	5511696 (1-4 51 3 4)	Civili	=ngi	neer	MEZ	nngh	iouse Comp.					
	17. FATHER'S NAME (First, Middle, Last) EVEYET Brown	un Abb	ott		Ada	ME (First, Middle, Maid	en Surname)	Seltzer					
TO BE	19a. INFORMANT'S NAME (Type/Print)	0 hbatt	19b. MAILING ADD	RESS (Street a	nd Number or Rural F	Toute Number, City or 1	own, State, Zip C	(cote) 2178U					
	20s. METHOD OF DISPOSITION	206.1	PLACE OF DISPOSITION	N (Name of cen	petery, crematory or	20c.	LOCATION - CI	ty or Town, State					
	1 Deurlei 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY												
	21. SIGNATURE OF FUNERAL SERVICE LICEN	R. Waisot		HAI	GHT F	Unerfac	tem	3.					
	23. PART I. Enter the dieeeses, or cor	1. 1000	the death. Do not a	nter the mo	JUK	110 63 of the	Directory array	MD Z1784					
	ehock, or heert feilure. Lie IMMEDIATE CAUSE (Finel	ot only one cause on each	ch line.		or cyling, cou		photony of the	interval Between Onset and Death					
	disease or condition												
z	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter INDERLYING												
IFIC/	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
ERT	resulting in death) LAST	triat initiated avents											
	PART II. Other eignificent conditions				ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
PHYSICIAN: MEDICAL	Dials	eller T	lelu,	lus			2 1016	COMPLETION OF CAUSE OF DEATH?					
I: ME						-		1 YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000			ACE OF DEATH (Ch	eck only one)							
IYSI	1 TYES 2 THO	OSPITAL:	tient 3 DOA 4 D	_		8 Other (Specify)							
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		PK?	28d. DESCRIBE HO	W INJURY OCCL	JRED					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY - building, etc. (Specif		, lactory, offic									
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	doe death occurred at	the time date	and place, and due	to the councies and	nonner se state						
OMF	one)							cause(s) and manner as stated.					
BE C	296. BIGNATURE AND TITLE OF CERTIFIER	1 Amine	MAR		29c. LICENSE NUI			SIGNED (Month, Day, Year)					
TO E	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (See See	2	2183	00	100	120190					
	CHITRACHEZ	14 MAG	formy, T	100 A	r-pool	erd we	Mmix	45 h D 2119-					
	31. DATE FUEN Month, Pays 900	32. REGISTRAT'S GIGNA	Tundall .										



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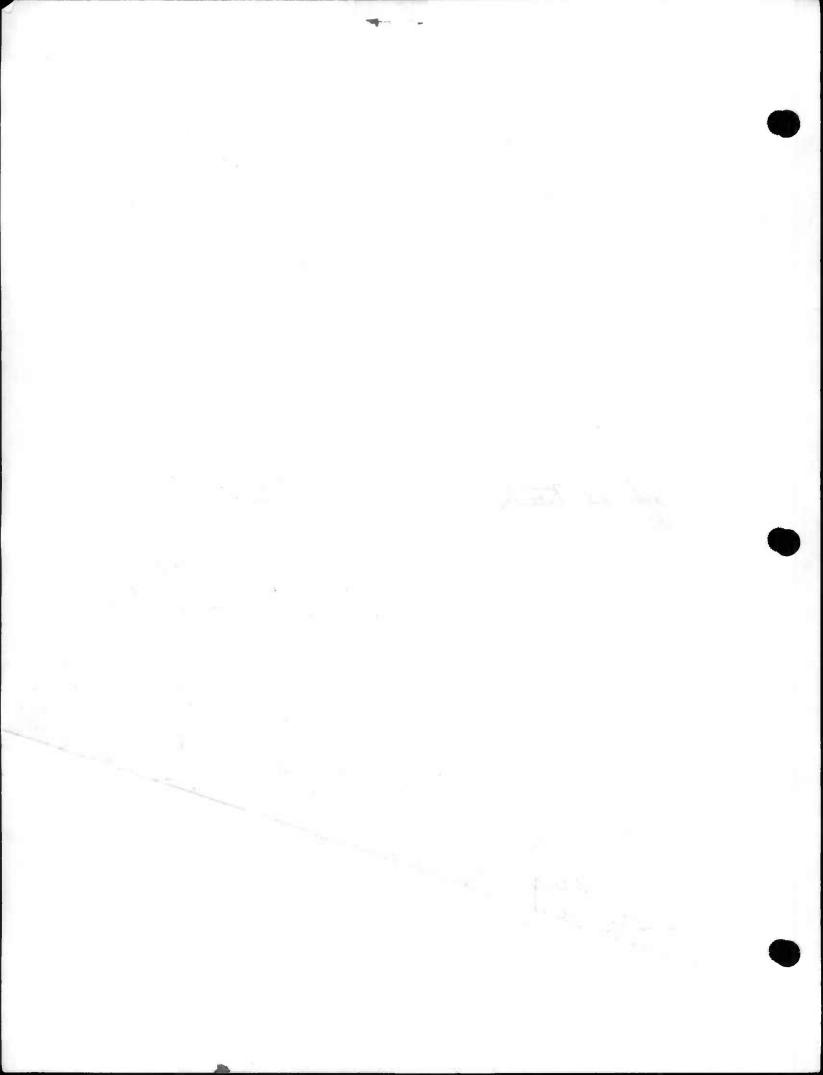
REGISTRAR			ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	N VI	3. TIME OF DEATH
HELEN V	. ALBERT			JUNE 17	, 199	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
059-20-0042	1 - M 2 - F G	1 YAS.	ONTRS DAYS HOUNS WIN.	11-14-1		NEW YORK
9e. FACILITY NAME (If not institution, give stre	eet and number)	9	b. CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
WILLIAM HILL H	EALTH CAP	RE CENTER	EASTON		ALBOT	
10a. STATE 10b. COUNTY MARYLAND TALB	вот	10.4	TOWN OR LOCATION T. MICHAELS			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
37 WIDGEON	PLACE		2166	3		U.S.
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPAI		or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE		If yes, specify Cuban, Maxica 1 YES 24 1NO Specif			Specify: WHITE
16. DECEDENT'S EDUC		16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUS		
(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during most of working retired.)			
12	0	HOUSEW	नगर			
7. FATHER'S NAME (First, Middle, Last)		- HODDEN		ME (First, Middle, Maiden	Surname)	
GEORGE BURNHAU	ISER			MARY DE	HMET.	
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rural			de)
CLAIRE E. ABRAM	IS	37 WI	DGEON PLACE	ST. M	TCHAE	LS, MD. 216
			TON (Name of cemetery, crematory or			or Town, State
toa. METHOD OF DISPOSITION Buriel 2* Cremation 3 Remo	wal from State	other place)				
1. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	EASTERN	SHORE CREMAT			
- in 1 - 1	4.	(F.3P)		NEWIN		NERAL HOME
M. E. Dewn	kull	>F.J.T.	ZUU S. HARR	ISON ST.	, EAS	TON, MD. 216
IMMEDIATE CAUSE (Final disease or condition resulting in death)	, ocu	sech line.	njeshire h	th as cardiac or resp unf fo.	ilen	t, Approximata Interval Between Onset and Death
diseese or condition	OUE TO (OR AS		- arte		ilun.	Intarval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):	- arte		ilun.	Intarval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	arte	nordenati	u card	Interval Between Onset and Death
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	arte	Part I. 24a, WAS AN PERFO	u card	Interval Between Onset and Death Office 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTRIBUTING TO destr	S A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in	the underlying couse given in 28. PLACE OF DEATH (COUTHER: /	Part I. 24a. WAS AN PERFO	u card	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS DUE TO	S A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in Consequence of the consequence of the	the underlying ceuse given in 28. PLACE OF DEATH (C OTHER: Nursting Home 6 Residence OF 28c. INJURY AT WORK? M YES 2 NO reet, factory, offica	Part I. 24a. WAS AN PERFO P YES: Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State at time, date and place, a	A AUTOPSY RMED? 2 NO INJURY OCCUI and Number or inner as stated and due to the o	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS DUE TO	S A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B DUT NOT resulting in Consequence of the consequence	the underlying ceuse given in 28. PLACE OF DEATH (COOTHER: 28. PLACE OF DEATH (COOTHER: M 28c. INJURY AT WORK? 1 YES 2 NO reet, factory, office 1 at the time, data end place, end du , in my opinion, death occured at the	Part I. 24a. WAS AN PERFO P YES: Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State at time, date and place, a	A AUTOPSY RMED? 2 NO INJURY OCCUI and Number or inner as stated and due to the o	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS E. DUE TO (OR AS DUE	B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in Consequence of): B Doal of the consequence of the conse	the underlying ceuse given in 28. PLACE OF DEATH (C OTHER: Nursting Home 6 Residence OF 28c. INJURY AT WORK? M YES 2 NO reet, factory, offica I st the time, data end place, end du , in my opinion, death occured at the	Part I. 24a. WAS AN PERFORM YES: Theorem only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State a to the cause(e) and ma a time, date and place, a	A AUTOPSY RMED? 2 NO INJURY OCCUI and Number or inner as stated and due to the c	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and manner as stated.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CETTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRÉSS OF PERSON WHO	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS E. DUE TO (OR AS DUE	B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in Consequence of): B DOA TIME (NJUI) CONSEQUENCE OF): CONSEQUENCE	the underlying ceuse given in 28. PLACE OF DEATH (COOTHER: 28. PLACE OF DEATH (COOTHER: M 28c. INJURY AT WORK? 1 YES 2 NO reet, factory, office 1 at the time, data end place, end du , in my opinion, death occured at the	Part I. 24a. WAS AN PERFORM YES: Theorem only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State a to the cause(e) and ma a time, date and place, a	A AUTOPSY RMED? 2 NO INJURY OCCUI and Number or inner as stated and due to the c	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH		•	CHIII.	CALL	OL	DEALL	H	EG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF E	DA		YEAR	3. TIME OF DEATH
	Evelyn		Butcher					June 12, 1990				3:35 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	112	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	(Year)		8. BIRTHP Country;	LACE (State or Foreign
	577 14 5575	1 M 2 X F	69	YRS.	MONTHS DATS HOURS MIN.			Aug. 20,1920		Vi	rginia	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATION OF DE	ATH		9c. COU	NTY OF DE	ATH
OR	Shady Grove Adv	entist H	ospita.	1	R	ock	ville			Moi	ntgom	ery
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			40- 07	Y, TOWN OF		2011			<u> </u>	-	10d. INSIDE CITY
DIRECTOR		omery		100. 01			Spring				i i	LIMITS?
	10e. STREET AND NUMBER	Owery			SILV		. ZIP CODE			40.01		1 YES 2 NO
M										177		HAT COUNTRY?
FUNERAL	14919 Hydrus Road				1		20906					States
교	11. MARITAL STATUS 1 Never Married 2 Merried		YES 2		If	yes, sp	ENDENT OF HISPAN ecify Cuben, Mexical	n, Puerto Ricen		or No—	Black,	— American Indian, White, atc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE V	WAR OR DATES		1	_ YES	2 NO Specify	7			Specify	White
	15. DECEDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	ON	18b. KIN	D OF BUS	INESS/INI	DUSTRY	WILLE
ËΙ	(Specify only highest grade	completed)		(Give kind of a	work done di	uring mo	at of working					
7	Elementary/Secondary (0-12)	College (1-4 or 5		Superv	risor			Un:	ited	Sta	tes T	reasury
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						15. MOTHER'S NA	ME (First Middle	n Maidea :	Sumame)		
		yne					Annie	Lee	Payı	,		
H	19a. INFORMANT'S NAME (Type/Print)			105 MAILING	AODRESS	(Street)	and Number or Rural I	Poute Number C		_	n Codel	20906
임	Katherine D. Payn	ne	- 1				s Avenue					
	20a. METHOD OF DISPOSITION		CE OF DISPOS	SITION (Nen	ne of ce	metery, crematory or		20c. LO	CATION -	City or Tow	m. State	
- 1	1 X Burial 2 Cremation 3 Ram-	oval from State	place)				20c. LOCATION — City or Town, State cery Suitland, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		shington National Cemetery 22. NAME AND ADDRESS OF FACILITY					pert	Α. 1	Pumph	rev Funeral
	11/	7.1		0000	HO	me/	Rockville	a. Inc	. 300) Wes	st Mo	ntgomery
	Affrey J. 1	itim		0689	Avenue, Rockville,							0-2805
	23. PART/I/Enter the diseases, or of shock, or heert failure. IMMEDIATE CAUSE (Final	complications the List only one cer	it caused the use on each if	death. Do i	not enter	the mo	de of dying, suc	h aa cerdiac	or respi	ratory er	rest,	Approximete Interval Between Onset and Death
	disease or condition											
ĺ		PUE TO	OR AS CON	SEQUENCE O	F):	-	, .					
NO	Sequentially list conditions,	b. MUL	OP AS A COM	A Delice of the course of the								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	malent	1.+:									1
윤	CAUSE (Diseese or injury that initiated events	c. // ULL CULL	(OR AS A CONS	SEQUENCE O	F):	u	rur					
ĒΙ	resulting in death) LAST	4										
빙		u										
A	PART ii. Other aignificant condition	s contributing to	death but no	t resulting	in the un	derlyin	g cause given in	Part I, 24s. WAS AN AUTOPSY PERFORMED?				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	deep wein4Mor	wou						1	YES 2	₩NO		COMPLETION OF CAUSE DF DEATH?
ME												1 YES 2 NO
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DEATH (Ch	eck only one)				
YSI	1 □ YE8 2 1 10	14 Impatiant 2	☐ ER/Outpatient	3 🗆 DOA			ne 5 🗆 Residence	8 🗆 Other (Sp	eclfy)			
H	27. MANNER OF OEATH	28a. OATE Of (Month, i	F INJURY Day, Year)	28b. TIN	IE OF JURY	W	JURY AT ORK?	28d. OEŞCRI	BE HOW I	NJURY O	CCURED	
B	1 Netural 5 Pending 2 Accident Investigation				М		YES 2 NO					
	3 Suicide 8 Could not be	26a. PLACE (building	OF INJURY — A1 , atc. (Specify)	home, farm,	stree1, facto	ory, offic	20	28f. LOCATIO	N (Street a own, State)	and Numbe	er or Rural R	oute Number,
E	4 Hornicios dataminiso	4 Homicide datarmined										
P	COROCK OTHY	ICIAN: To the best of	f my knowledge,	death occur	red at the 1	me, date	and place, and due	to the cause(a) and mar	ner en st	ated,	
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the besia of	examination and/	or investigati	on, in my o	pinion,	death occured at the	1lme, data and	l placa, an	d due 10	the cause(s)	and manner as stated.
	296. SHIMATURE AND TITLE ON CERTIFIE		4.4%				29c. LICENSE NUI	MBER	- 1	29d. DA	TE SIGNED	(Month, Day, Year)
BE (Stry 1. Cer	W - 1	NP				D360	52		1	inl	90
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH II	TEM 27) (7/p)	e, Print)			15.		7		114.9
ĺ	Steven T. Kariya	a, M.D. 4	701 Ra	ndolpl	n Roa	d #	G-3 Rock	ville,	Mar	ylan	d 208	52
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATUR							-		
	JUN 1 4 '90	Gulia De	widson A	andelle	22							

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



OHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICAII	E OF	DEA	TH		REG. NO			
1. DECEDENT'S NAME (First,		RIS EV	ANGELI	NE B	ENTO	N			MONT	e 19,	1990	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUME 214-09-035	2	5. SEX 1 M 2 X F	6. AGE (In yrs 81	yrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Monti Apr	of BIRTH	1909	8. BIRTI	HPLACE (State or Foreign try) tryland
9a. FACILITY NAME (If not in Williamspo:			e				mspo		EATH			ashi	ngton
RESIDENCE OF DEC	10b. COUNT	-											T
Maryland		hington			y, town ager								10d. INSIDE CITY LIMITS? 1XX YES 2 NO
100. STREET AND NUMBER	oint A	venue				10	217				1	U.S.	A.
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S YES 2 WAR OR DATES	ARMED NO		If yes, ap	CENDENT Concept of the control of th	n, Maxica	in, Puerto	I? (Specify Ya Rican, atc.)	or No—	14. RAC Blac Spec	E — American Indian, ck, Whita, etc.
(Specify ont	EDENT'S EDU y highest grade	e completed)		Give kind of a	work done	during mo	ON ost of workin	ng	18b	. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (6)-12)	Collage (1-4 or 5		ief of			.cati	ons		Aircra	ft I	ndus	try
17. FATHER'S NAME (First, M							16. MOT	HER'S NA	ME (First, I	Middle, Maiden	Surname)		
		ayette	Bur	gess				ancy		Louis			itzer
19a. INFORMANT'S NAME (1		C+4+1								ber, City or Tow			217/0
Kathleen		Stitzei	20h BI	ACE OF DISPOS		_			над	erstow	CATION —		21740
1 X Burial 2 Crematic 4 Donation 5 Other	(Specify)		oth	est Ha	yen	Ceme	tery						Wash., Md.
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	1.		A	ndre		Cof	fman	Funer			Inc. m, Md. 2174
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, laeding to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ilone, diate ling	C	OR AS A CO		F):	<u>e</u> 3†	110	ar se	5	nor	na	N	interval Between Onset and Death
PART II. Other significa	endition	ns contributing to	daath but r	not resulting	in tha u	ndariyin	g cause	given In	Part I.	24a. WAS APPERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		-			LACE OF 0	EATH (C)	eck only o	10)			
1 🗆 YES 2 💢 NO		1 Inpetient 2	☐ ER/Outpatle	nt 3 🗆 DOA	OTHE 4 X Nu		na 5 🗆 Re	eldenca	6 🗆 Othe	r (Specify)			
	Pending trivestigation	28a. OATE OF (Month, L	Pay, Year)	28b. TIM	IE OF JURY M	W	JURY AT ORK? YES 2	NO	28d. DE	SCRIBE HOW	INJURY OC	CUREO	
3 Suicide 8	Could not be determined	26e. PLACE (building	OF INJURY — A , atc. (Specify)	At home, farm,	street, fac	ctory, offic	e e			ATION (Street or Town, State		or Rural	Route Number,
		ER: On the basia of a											(a) and manner as stated.
29b. SIGNATURE ARO TITLE	OF CERTIFIE	R A	7					ENSE NU				E SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)	_	ש 3.	3700					
Dr. Ted E.)lne	у, М	D 208	332					
31. DATE FILED (Month, Only,	Year)	32. REGISTRA	AR'S SIGNATU	RE									

.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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4	3								91	1 18251
	1 - STATE STATE REGISTRAR	E OF MARYLAN	D / DEPAR					GIENE		
		ymond Wood				AIII	2. DATE OF DE		YEAR	3. TIME OF DEATH
	Baymon	dw	Bar	tle	++		June 1		90	10:30 P M
	4. SOCIAL SECURITY NUMBER 6. SEX		s. last birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS.	7. DATE OF BIR (Month, Day,	Year)	8. BIRT Coun	THPLACE (State or Foreign atry)
	719-03-1730 1 📈 M	7 YRS.	a) a==	TOWN OR LO		12/26		Ma1	ryland	
œ	Washington County Ho	,					EATH			
6	RESIDENCE OF DECEDENT	ospi cai			gersto	WII		l M	ashing	31011
R	10m. STATE 10b. COUNTY			Y, TOWN OF						10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland Washingto	on	[Kı	noxvi:	I I e	2005		T 40-	OUTSTEN OF	1 ☐ YES 2 🔀 NO WHAT COUNTRY?
RAI	18922 Sandy Hook Roa			10000	758		10g.	USA	WHAT COUNTRY?	
NE I	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S	S. ARMED	13. W			ANIC ORIGIN? (Spe	cify Yan or No-		CE — American Indian, ck, White, etc.
	1 Never Married 2 X Married FOR	CES? 1 YES 2 ES, GIVE WAR OR DATES	₩ NO	H		Cuben, Mexic	en, Puerto Rican,		Blac	ck, White, etc.
ВУ	3 Wildowed 4 Divorced									nite
121	15, OECEDENT'S EDUCATION (Specify only highest grade completed	1)	(Give kind of life. Do NOT u	work done do	CUPATION uring most of v	vorking	16b. KIND	OF BUSINESS	/INDUSTRY	
P.E.	Elementary/Secondary (0-12) College	(1-4 or 5+)	Conduc				Rai	lroad		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Conduc		18.	MOTHER'S N	AME (First, Middle,		ne)	
BE C	John Elmer Bartlett					Ada V	irginia	Brubak	cer	
6	19a. INFORMANT'S NAME (Type/Print)					I Route Number, City				
-	Helen L. Bartlett			*		d - Knox				
	20a. METHOD OF DISPOSITION 1XXBurial 2 Cremation 3 Removal from	State off	ACE OF DISPO					Discourse		
	4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DI	OWITS A T	22. N	TAME AND VE	DRESS OF F	etery AGUITY NCER FUN	Browns	<u>, viiie</u>	2, MD
	· Pldt 1	45000			ackle	s-Spe	ncer Fun	eral F	lome	
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest.								errest,	Approximate
	shock, or heart failure. List only	y one csuse on each	line.	1	1	- 8				Interval Between Onset and Deeth
	disease or condition resulting in deeth)	14/1 Course	uf peraction							5 day 8
	in docking	QUE 70 (OR AS A CO	HISEOUENCE C	PF)	1.01	11. 1.	/ 11		11	
S	Sequentially list conditions,	DUE TO JOR AS A CO	AUG	1	Upt	Mau	uz / 100	Lot Co	ex)	
ATI	If any, leading to immediate ceuse. Enter UNDERLYING	Coulset	100	Land	1	ulle	الل	1		j
FIC	CAUSE (Disesse or Injury that Initiated events	DUE TO JOH AS A DO	INSEQUENCE C	XF):	1	0.400				
ERTIFICATION	resulting in deeth) LAST									
L C	PART II. Other significant conditions contri	buting to death but	not resulting	In the un	derlying car	se given i	n Part I. 24a.	WAS AN AUTO		4b. WERE AUTOPSY FINDINGS
CA								PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED										1 TES 2 NO
N.										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		OTHER	1:		Check only one)			
HYS		entient 2 ER/Outpatie	ent 3 🗆 DOA		ing Home 5 28c. INJURY		28d, DESCRIB		OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	10	IJURY M	WORK?					
D BY	L Coldon	a. PLACE OF INJURY building, etc. (Specify)	At home, farm,	street, facto	ory, office		261. LOCATION City or Tow	(Street and Nu	imber or Rura	al Route Number,
ETED	4 Homicide detarmined									
1PLI	29a. CERTIFIER (Check only one)									
COMPL	2 WEGGAL EXAMINER: ON THE	e basia of exemination as	nd/or investigat	ion, in my o	pinion, death	occured at 1	he tima, data and p	place, and due	to the cause	a(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIED	mi			290	LICENSE N	UMBER	29d.	DATE SIGNE	ED (Mogth, Day, Year)

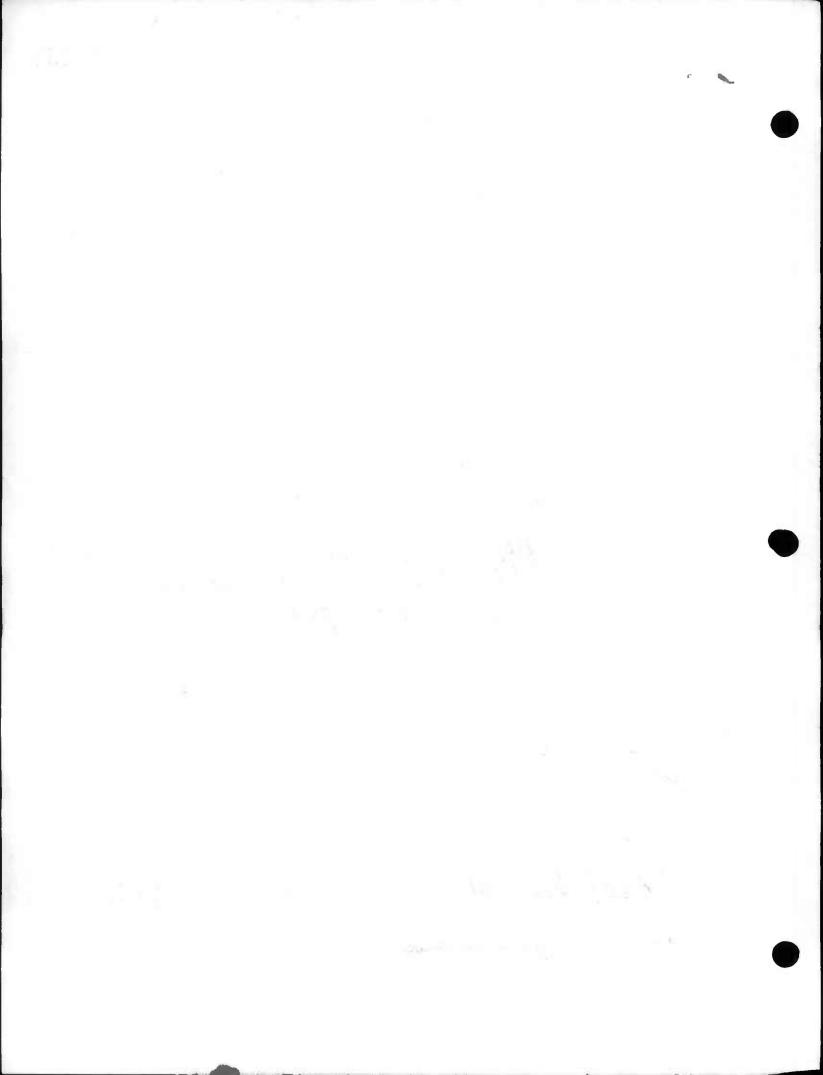
M. D. - 1185 Mt. Aetna Road - Hagerstown, MD 21740

PEGISTRANS SIGNATURE

WITH DEVILOPMENT AND PROBLEM.

Samuel Chan, 31. DATHED 210 th, #90 at/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



FOR

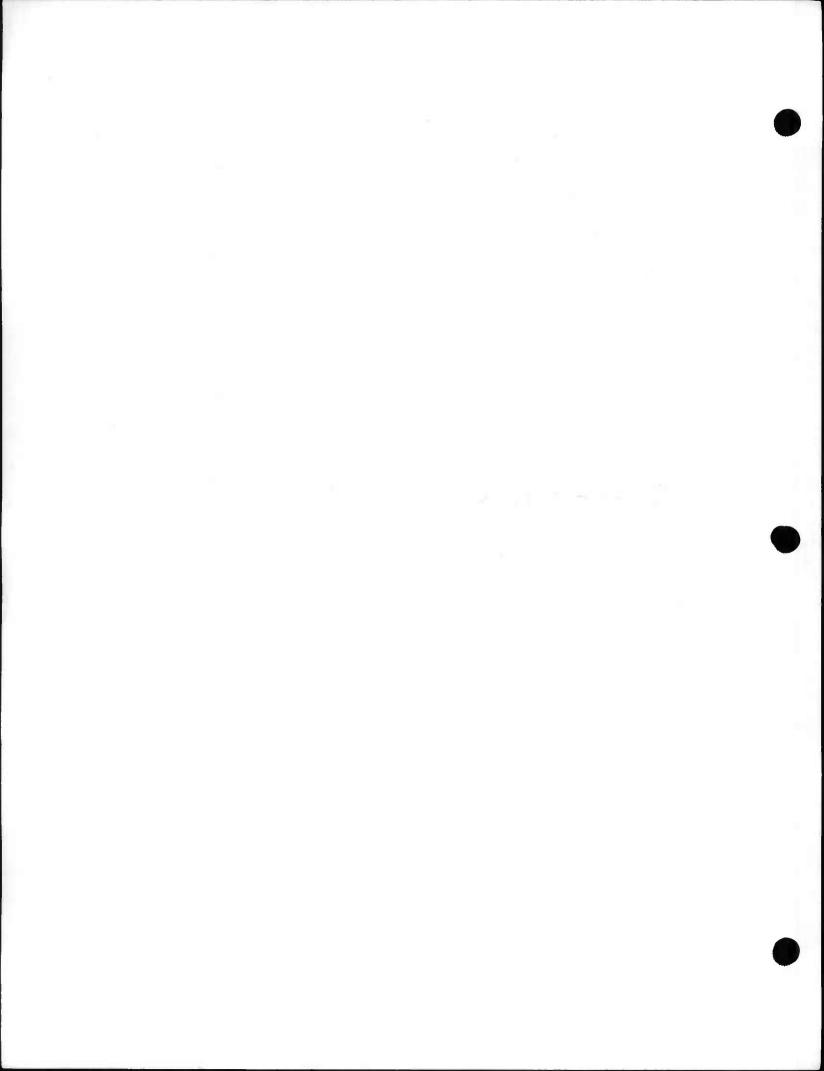
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR			C	ERTIFIC	ATE C	OF DEATH		REG. NO.			
1. OECEOENT'S NAME (First,	Middle, Last)			0.0			2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
Hele	n J. B	issett						e 14,	12:20 AM M		
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. la		UNDER 1 YE			OF BIRTH		8. BIRTHP Country	PLACE (State or Foreign
577-36-5860)	1 🗆 M 2 🗶 F	85	YRS.	NTHS DA	YS HOURS MIN.			905		Virginia
9e. FACILITY NAME (If not in	stitution, give s	treet and number)		9t	CITY, TO	WN OR LOCATION OF DE	EATH		9c. COUN	TY OF DE	ATH
Sylvan Ma:	nor Nu	rsing Hom	ie		Silv	er Spring			Mont	gome	ery
RESIDENCE OF DEC				_							
10a. STATE	10b. COUNTY			10c. CITY, T							10d. INSIDE CITY LIMITS?
Maryland	MOI	tgomery		1 '	Cabin	John					1 TYES 2 X NO
10e. STREET AND NUMBER						10f. ZIP CODE					HAT COUNTRY?
6613 Persi	mmon T	ree Road				20818					tates
11. MARITAL STATUS	Manufact.	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AI			DECENDENT OF HISPAI s, specify Cuben, Mexico			or No—	14. RACE Black,	American Indian, White, etc.
1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE W				YES 2 NO Specifi				Specify	White
	EDENT'S EDU	1	40. 0	ECEDENT'S US			401	KAID OF DIE	1	IOTOM	***************************************
(Specify onl	y highest grade	completed)	(0	Give kind of work a Do NOT use of	done durin	g most of working	160	. KIND OF BUS	INESS/INDI	JSTHY	
Elementary/Secondary (0)-12)	College (1-4 or 5+)		Homemal				Own	Home	Э	
17. FATHER'S NAME (First, M	liddle 1	3				18. MOTHER'S NA	ME (Fi-	Ministra Administra	Cumar-1		<u> </u>
									эшттенте)		
Benjamin F		son	100			Ella E			0	0.41	
19a. INFORMANT'S NAME (T	1			reet and Number or Rural					20575
John E. Bis		Jr.				liver Rd. S				_	29575
20e, METHOO OF DISPOSIT 1XXBurial 2 Crematic 4 Donetion 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE other p	hurch	Cemet			Poto	<u>.</u>	Mar	yland
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22. NAM	E ANO ADDRESS OF FA	ch rev	Funer	al Ho	ome/	
Kahe	M-	Janas	M	00198	755 7	ert A. Pump ert A. Pump ethesda-Ci Wisconsir	nevy n Ave	Chase, .,Beth	Inc	, MD	20814
23. PART I. Enter the d		complications that			enter the	mode of dying, suc	ch as can	diac or respi	ratory arro	est,	Approximate Interval Between
IMMEDIATE CAUSE (FIG		List only one cad	ne on each im	Ψ.							Onset and Deeth
disease or condition	→	Card	iac Arr	est							Immediate
resulting in death)	•	DUE TO	OR AS A CONSE	EQUENCE OF):							
		Arterio	sclero	tic Ca:	rdio	Vascular I	Disea	se			
Sequentielly list condit if eny, leeding to imme		DUE TO	OR AS A CONSE	EOUENCE OF):							
cause. Enter UNDERLY	ING	C.									
CAUSE (Disease or Injuthat Initiated events		DUE TO	OR AS A CONSE	EOUENCE OF):							
resulting in death) LAS	T .	d									
DART II Other election	ant condition	an annialbution to	death but and	manufala a la	46 - 110 -	da a sausa alaas la	Don't I	24a. WAS AN	ALETODON	Tan	WERE HEROSON ENDINOS
PART II. Other algolfica		- AO W-11F	death but not	reaulting in	the under	nying cause given in	Part I.	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Alzhei	mer's	Disease						1 YES 2	MO MO		OMPLETION OF CAUSE OF DEATH?
										1	1 TYES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	LICODITAL.				6. PLACE OF DEATH (C	heck only o	ne)			
1 YES 2 X NO		HOSPITAL: 1 Inpatient 2	ER/Outpatient		THER:	Home 5 - Residence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, Di		28b. TIME C	OF 28	c. INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
1 Netural 5 🗌	Pending Investigation	imoni, Di	-,,/	1		YES 2 NO					
a D Suitelds —	Could not be	28e. PLACE O	F INJURY — At h	nome, farm, stre	et, factory,	office		CATION (Street or Town, State)		or Rural R	loute Number,
4 Homicide	determined	bolloffy,	Tim (opolony)				City	rown, state)			
29a. CERTIFIER 1 X CER	TIFYING PHYS	ICIAN: To the best of	my knowledge	seth occurred	at the time	date and place, and du	e to the ce	use(e) and mar	mer as stat	ed.	
Contract only) end manner ee stated.
100	110	-0/	2//								
29b. SIGNATURE AND THE	// Ja	56	10	Cha 1	2	29c. LICENSE NU D01120	NABW				(Month, Day, Year) 14, 1990
-www	11	1/1	10	111	,	DOTT 20			- 0	une .	T4, TAAO
30. NAME AND ADORESS O											
Walter E. (ield R	load I	wneaton, M	aryla	and 209	902		
31. OATE FILED (Month, Day,	F On		R'S SIGNATURE	9.0							
JUN 1	7 30	guha	Davidson	-Rando R							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89



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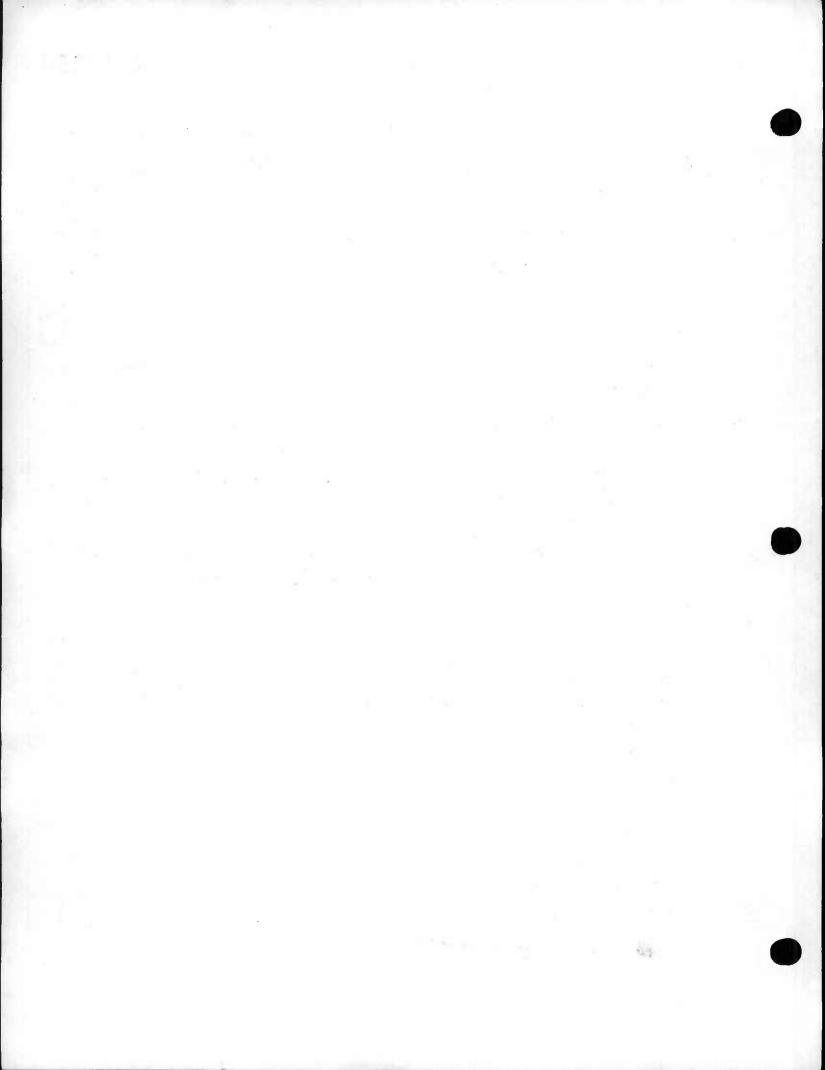
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

ŀ	i, processi a mante (1 mar, micoro, triaty	DAY MOODE	DD ASIMO	A.T				MONTH	DAY		AR S.	A M
	4. SOCIAL SECURITY NUMBER	RAY MOORE 5. SEX 8.	AGE (In yrs. lest I		IF UNDER	t YEAR	IF UNDER 24 HRS.	7. DATE OF E		8.1	BIRTHPLA	8:00 ZX M CE (State or Foreign
	579-36-8870	1 QM 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Da	y, Year) 	NC	ORTH	CAROLINA
	9a. FACILITY NAME (If not institution, give s	treet and number)	13		9b. CITY,	TOWN 0	R LOCATION OF DE			9c. COUNTY	OF DEATH	1
DIRECTOR	NATIONAL NAVA	L MEDICAL	CENTER				BETHESDA			MON	ITGOM	IERY
BEC	100. STATE NORTH 106. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION				10d	. INSIDE CITY LIMITS?	
	CAROLINA 100. STREET AND NUMBER	PITT			F		TLLE ZIP CODE			10g. CITIZEN		YES 2 NO
FUNERAL	P. O. BOX 732				"	27828					TATES	
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM	ED	13. 1	MAS DEC	ENDENT OF HISPAN	IC ORIGIN? (S	pecify Yee or			American Indian.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1					2 NO Specify		.,,		Specify:	WHITE
	15. DECEDENT'S EDU		16a, DEC	EDENT'S	USUAL O	CUPATIO	DN .	16b. KIP	D OF BUSIN	I ESS/INDUST	RY	***************************************
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	Illo. L	Do NOT us	e retired.)		st of working					
COMPLETED	12	III	1	J. S	. AR	MY			DEFEN	NSE		
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAI			ımame)		
띪	LORENZO DOWE B 19a. INFORMANT'S NAME (Type/Print)	RAXTON	106	MAII INC	ADDDECS	(Chant o	MAGGI nd Number or Rural F	E MOOR		State 7in Co.	rio)	
2	NORA LYONS		190.				ENUE, RO					36
	20a_METHOD OF DISPOSITION ABuriel 2 Cremation 3 Rem		20b. PLACE O	F DISPOS	SITION (Na	me of cen	netery, crematory or			ITION — City		
	4 Donation 5 Other (Specify)	ioval from State	HOLLYV	VOOD	CEMI	ETER	Y		FARM	VILLE	, NC	
	21. SIGNATURE OF FUNERAL SERVICE LIC		0		22. R(NAME AN	T A. PUM	PHREY	FUNER	RAL HO	ME	
	ROBERT A. PUMPHREY FUNERAL HOME ROCKVILLE, INC., 300 WEST MONTGOMERY AVENUE, ROCKVILLE, MARYLAND 20850-2805											ERY 0-2805
	23. PART I. Enter the diseases, or shock, or heart failure.			th. Do r	not enter	the mo	de of dying, auci	h es cerdiac	Dr respire	etDry arrest	,	Approximata interval Between
	IMMEDIATE CAUSE (Finel											Onset and Deeth
	disease or condition a. ACUTE RESPIRATORY DISTRESS SYNDROME DUE TO (OR AS A CONSEQUENCE OF):											
_	NOOTA DELAY TARABETTA											1
2	Sequentially list conditions, if any, leading to immediate MYUCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c			_							
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
8		d										
	PART II. Other algorificant condition	na contributing to de	ath but not re	auiting	in tha ur	nderlyin	g cause given in	Part i. 24	a. WAS AN AI PERFORM		AVA	RE AUTOPSY FINDINGS LILABLE PRIOR TO MPLETION DF CAUSE
MEDICAL								_ 1	YES 2	NO	DF	DEATH?
		-						— I			1 [YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 □XInpatient 2 □ E	R/Outpatient 3 [DOA	OTHEI		e 5 🗆 Residence	6 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,	JURY Year)	28b. TIM	E OF JURY	WC	URY AT DRK?	26d. DESCR	BE HOW IN.	JURY OCCUR	ED	
B	1 Natural 5 Pending 2 Accident Investigation	40 - PV 405 OF I	N. H. IPPA		М		YES 2 NO	201 1 2 2 1 7 1	241 (721			
0	3 Suicide 8 Could not be 4 Homicide datermined	building, et	NJURY — At horr (Specify)	10, 781111,	street, ract	tory, omic	•		own, State)	d Number or I	Hurai Houte	Numper,
12	29a. CERTIFIER (Check only	SICIAN: To the best of m	y knowledge, dea	th occurr	ed at the t	ilme, date	and place, end due	to the cause(e) end mann	er ee stated.		
COMPLET	one) 2 MEDICAL EXAMIN										euse(e) en	d menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NUR	WBER				onth, Day, Year)
10	Kd Mariss	y MD					D-3425				4	N90
	30. NAME AND ADDRESS OF PERSON WI	and the contract of the contra		27) (Type	, Print)		IONAL NA				ER	
	R. L. MORRISSEY, 31. DATE FILED (Month, Day, Year)	LCDR, MC,	SIGNATURE			DEI	HESDA MD	20014	-2011			
- 1	JUN 15'90	1.0.	Davidson	0.1.	00							

DHMH-18 Rev 1/89

FOR

T.I	e, Last)						2. DATE OF DE	ATH DAY	YEA	3. TIME OF	
	ICY		ARON				6	17	90		20 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MINI	7. DATE OF BIR (Month, Day,	Year)		IRTHPLACE (State ountry)	or Foreign
578-03-0018	1 □ M 2 💢 F	97	YRS.				OCT. 4,		_	ITALY	
9a. FACILITY NAME (If not institution				9b. CITY, TOWN			ATH			OF DEATH	
REGENCY NURS				FORES	STVIL	LE		P	RINC	E GEORG	ES
	COUNTY	10c. CITY, TOWN OR LOCATION				_	10d. INSIDE	CITY			
MARYLAND F								7 2 🗍 NO			
10a. STREET AND NUMBER					. ZIP CODE			10a.	CITIZEN (OF WHAT COUNT	
2416 KIRST	EN STREE	₹T							TT	SA	
11. MARITAL STATUS		NT EVER IN U.S. ARM	IED	13. WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Spe	cify Yea or No		RACE — America	indian.
1 Never Merried 2 Merrie 3 Widowed 4 Divorced	FORCES?			If yes, sp		n, Mexicer	, Puerto Ricen,			Black, White, etc. Specify:	ITE
15. DECEDEN	I'S EDUCATION	16a, DEC	EDENT'S	USUAL OCCUPATION	ON		16b. KIND	OF BUSINESS	INDUST	ay .	
Elementary/Secondary (0-12)	st grade completed) College (1-4 or 5	ife.	o NOT u	work done during mo se retired.)	at of workin	ng					
4		H	OMEM	IAKER							
17. FATHER'S NAME (First, Middle, I	ast)				16. MOTH	HER'S NAI	NE (First, Middle,	Maiden Suman	ne)		
FRANCESCO	RAG	GUSA			FI	LIPP.	A	5	SALE	RNO	
19a. INFORMANT'S NAME (Type/Pri	,		MAILING	ADDRESS (Street of	and Number	or Rural R	loute Number, City	or Town, State	, Zip Code	9)	
CARMELA BROU	GHTON (NI	ECE) 1:	3806	MARIANN	IA DR	IVE,	ROCKVI	LLE, N	MARY	LAND 2	0853
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3	- Remark from State	20b. PLACE C	F DISPO	SITION (Name of ce	metery, cren	natory or		20c. LOCATION	N — City	or Town, State	
4 Donation 5 Other (Speci		_ ST. M	ÃRY '	S CEMETE	RY		W	ASHING	GTON	, D.C.	
21. SIGNATURE OF FUNERAL MET	VICE LICENSEE			22. NAME A				DITTO A T	****		
1/16	10/20						LINS FU				
23. PART I Enter the diseas	as as amplications th	et caused the dea	th Do	poo un	de of du	DIII	DLVD.,	W • 9 i	OIL.	SP., M	oximate
shack, or Heart	affure. List only one ca	ause on aach lina.	MII. 00	not emer the me	rue or uy	nig, suci	i aa caidiac o	reapiratory	y arrest,	Inter	val Betwee
IMMEDIATE CAUSE (Final disease or condition	1	1	4-	11							t and Daa
resulting in death)	a. ARIZY	IUSCIERO	116	Ht&AV	01	2603	ie .			30	4RS
	A atas	O COR AS A CONSECUTO SCIETO	DENCE C	Operal.	1	1000	. IN I			7.	yes
Sequentially list conditions,	b. PHOLETT	D (OR AS A CONSEO	UENCE C	OF):	774	VASC	CC 1/8 - CC	13000	د		q ics
if any, leading to immediata cause. Enter UNDERLYING		- (,						ĺ	
CAUSE (Disease or Injury that Initiated events	DUE T	O (OR AS A CONSEO	UENCE C	PF):							
resulting in death) LAST											
The state of the s	u.										
PART II. Other significant co		1	suiting	In the underlyin	g cause (given in		WAS AN AUTO PERFORMED?		24b. WERE AUTO	
PART II. Other significant co	strains st	stus			A	given in				AVAILABLE	
PART II. Other significant co	strains st	stus			A	given in		PERFORMED?		COMPLETIO	PRIOR TO N OF CAUSE
PART II. Other significant co		stus			A	given in		PERFORMED?		AMAILABLE COMPLETIO OF DEATH?	PRIOR TO N OF CAUSE
PART II. Other significant co Pour wutte NON insul	iv Dopendo	stus		Moll.	Jus			PERFORMED?		AMAILABLE COMPLETIO OF DEATH?	PRIOR TO N OF CAUSE
PART II. Other algorificant of Pour Nutral	iv Depende	stus	se frs	Mollo	Jus	EATH (Ch	1 Deck only one)	PERFORMED?		AMAILABLE COMPLETIO OF DEATH?	PRIOR TO N OF CAUSE
PART II. Other significant of Poor Nutral NON insul	DICAL HOSPITAL: 1 Inpetion 2	DIAL DERVOUTPETIENT 3 FINJURY	DOA 28b. TH	26. P OTHER: 4 Nursing Hor	LACE OF D	EATH (Ch	1 Deck only one)	PERFORMED? YES 2 No	0	AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE
PART II. Other significant of Pour Nutral NON insul 25. WAS CASE REFERRED TO MEDITE EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi	DICAL HOSPITAL: 1 Inpetion 2 284. DATE C (Month,	DAA	DOA 28b. TH	26. P OTHER: 4 Th Nursing Hor	LACE OF D	DEATH (Che	1 Deck only one)	PERFORMED? YES 2 No	0	AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE
PART II. Other significant of POUR NUTA NON INSU 25. WAS CASE REFERRED TO MED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi 2 Accident Invest	DECAL HOSPITAL: 1 Inpetion 2 28a. DATE C (Month,	ER/Outpetient 3 DF INJURY Dey, Year) OF INJURY — At hor	DOA 286. TH	26, P OTHER: 4 Nursing Hor ME OF 28c. IN UURY M 1	LACE OF D	DEATH (Che	pck only one) 6 Other (Spec 28d. DESCRIBE	YES 2 No.	O OCCURE	AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE 2 NO
PART II. Other eignificant or Pour Nutral NON insul 25. WAS CASE REFERRED TO MET EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Peridi	DICAL HOSPITAL: 1 Inpatient 2 28s. DATE (Morth, 1 not be 28s. PLACE 28s. PLACE 28s. PLACE 28s. PLACE 28s. PLACE 28s. PLACE 28s. PLACE 28s. PLACE	ER/Outpatient 3 PE INJURY Day, Year)	DOA 286. TH	26, P OTHER: 4 Nursing Hor ME OF 28c. IN UURY M 1	LACE OF D	DEATH (Che	1 1	YES 2 No.	O OCCURE	AWAILABLE COMPLETIO OF DEATHY 1 YES	PRIOR TO N OF CAUSE 2 NO
PART II. Other significant of Pour Nutral NON insul 25. WAS CASE REFERRED TO MEET EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi Invest 3 Suicide 6 Could 4 Homicide 6 Could 29e. CERTIFIER IN CERTIFICA	DICAL HOSPITAL: 1 Inputent 2 28a. DATE C. (Month, lighton be indeed)	ER/Outpetient 3 DF INJURY Day, Year) OF INJURY — At hor g, etc. (Specify)	DOA 28b. Till iN	26. P OTHER: 4 Nursing Hor ME OF MURY M 1 street, factory, office	LACE OF D LACE OF D Re JURY AT ORK? YES 2	DEATH (Che	pck only one) 6 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town	YES 2 No. No. No. No. No. No. No. No. No. No.	o occurse	AWAILABLE COMPLETIO OF DEATHY 1 YES	PRIOR TO N OF CAUSE 2 NO
PART II. Other significant or Pour Nutral NON INSU 25. WAS CASE REFERRED TO MEE EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi 2 Accident 3 Suicide 6 Could 4 Homicide 6 Could deter 29a. CERTIFIER (Check only)	DICAL HOSPITAL: 1 Inputer 2 28a. DATE (Month, Input be hined) 28b. PLACE building	ER/Outpetient 3 OF INJURY Day, Year) OF INJURY — At hor g, etc. (Specify) of my knowledge, des	DOA 28b. Till iN me, farm,	26. P OTHER: 4 Nursing Hor ME OF 28c. IN. JURY M 1 street, factory, office	LACE OF D LACE OF D TO SURY AT DRICT YES 2 THE	BEATH (Che	sck only one) 6 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Row to the cause(s)	YES 2 No. No. No. No. No. No. No. No. No. No.	o occurse	AMAILABLE: COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE 2 NO
PART II. Other significant or POUR NUTA NON INSU 25. WAS CASE REFERRED TO MEDITE EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi 2 Accident Invest 3 Suicide 6 Could 4 Homicide deterr 29e. CERTIFIER (Check only one) 2 MEDICAL I	DICAL HOSPITAL: 1 Inperior 2 28a. DATE C (Month, not be inined) 28b. PLACE building G PHYSICIAN: To the best	ER/Outpetient 3 OF INJURY Day, Year) OF INJURY — At hor g, etc. (Specify) of my knowledge, des	DOA 28b. Till iN me, farm,	26. P OTHER: 4 Nursing Hor ME OF 28c. IN. JURY M 1 street, factory, office	LACE OF D LACE OF D NO 5 Re JURY AT DRK? YES 2 De and place a and place a and place	BEATH (Che asidence No No No No No No No No No No No No No	1 Deck only one) 6 Other (Special Describe 281. LOCATION City or Tow.	CStreet and Num., State)	o occurrence of occurrence of occurrence of occurrence of occurrence occurren	AMALABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N
PART II. Other significant or Pour Number of Death 1 Ves 2 No 25. WAS CASE REFERRED TO MEDICAL INVESTIGATION OF DEATH 1 Ves 2 No 27. MANNER OF DEATH 1 Natural 5 Pendi Invest 3 Suicide 6 Could dater 29a. CERTIFIER (Check only one) 2 MEDICAL I	DICAL HOSPITAL: 1 Inpatient 2 28a. DATE C (Month, Inned 28b. PLACE building G PHYSICIAN: To the best EXAMINER: On the basis of	ER/Outpetient 3 OF INJURY Day, Year) OF INJURY — At hor g, etc. (Specify) of my knowledge, des	DOA 28b. Till iN me, farm,	26. P OTHER: 4 Nursing Hor ME OF 28c. IN. JURY M 1 street, factory, office	LACE OF D PROJURY AT DRIK? THE STATE OF THE	NO NO not the control of the control	1 Deck only one) 6 Other (Special Describe 281. LOCATION City or Tow to the cause(a) time, data and p	CStreet and Num., State)	o occurrence of occurrence of occurrence of occurrence of occurrence occurren	AMALABLE: COMPLETIO OF DEATH? 1 YES ED ural Route Number use(a) and menne	PRIOR TO N OF CAUSE 2 NO NO PRIOR TO NO NO PRIOR TO NO NO PRIOR TO
PART II. Other significant or Pour Nutland 1900 Part II. Other significant or Pour II. Sulland 1900 Part III. Sulland 1900 Part II. Sulland 1900 Part II. Sulland 1900 Part II. Sulland 1900 Part II.	DICAL HOSPITAL: 1 Inpetient 2 28a. DATE C (Month, Inot be mined G PHYSICIAN: To the best examiner: On the basis of	ER/Outpatient 3 DF INJURY Day, Year) OF INJURY — At hor g, etc. (Specify) of my knowledge, dea	DOA 28b. Till iN ne, ferm,	26. P OTHER: 4 Nursing Hor ME OF 28c. IN. MW 1 □ street, factory, office red at the time, date on, in my opinion,	LACE OF D PROJURY AT DRIK? THE STATE OF THE	BEATH (Che asidence No No No No No No No No No No No No No	1 Deck only one) 6 Other (Special Describe 281. LOCATION City or Tow to the cause(a) time, data and p	CStreet and Num., State)	o occurrence of occurrence of occurrence of occurrence of occurrence occurren	AMALABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE 2 NO
PART II. Other significant or Pour Number of Death 1 Ves 2 No 25. WAS CASE REFERRED TO MEDICAL INVESTIGATION OF DEATH 1 Ves 2 No 27. MANNER OF DEATH 1 Natural 5 Pendi Invest 3 Suicide 6 Could dater 29a. CERTIFIER (Check only one) 2 MEDICAL I	DICAL HOSPITAL: 1 Inpetient 2 28a. DATE C (Month, Inot be mined G PHYSICIAN: To the best examiner: On the basis of	DIAL ER/Outpatient 3 OF INJURY Day, Year) OF INJURY — At hor g, etc. (Specify) of my knowledge, deal examination and/or in the second seco	DOA 28b. Till iN ne, farm, wetlgate	26. P OTHER: 4 Nursing Hor ME OF 28c. IN. MW 1 □ street, factory, office red at the time, date on, in my opinion,	LACE OF D THE S RESULT AT DRIK? YES 2 C THE STATE OF T	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. DESCRIBE 28d. DESCRIBE 28d. DESCRIBE 28f. LOCATION City or Tow to the cause(a) tima, data and p	PERFORMED? YES 2 No. Shy) E HOW INJURY (Street and Nu., State) and manner as alace, and dua	o occurse or R stated. It to the car	AMALABLE: COMPLETIO OF DEATH? 1 YES ED ural Route Number use(a) and menne	PRIOR TO N OF CAUSE 2 NO NO



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S SBOUND	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 90 is marked as item 93 shows any injury or other traumatic awant the medical avamines must be seeithed
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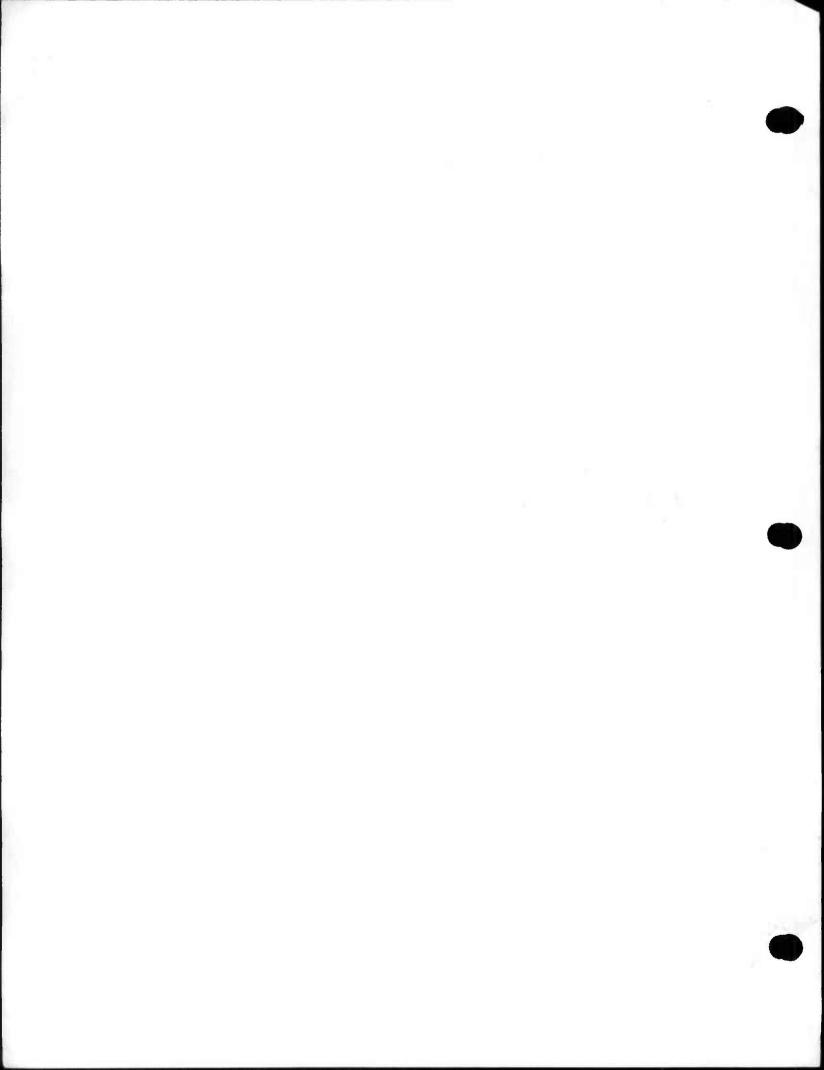
32. REGISTRAR'S SIGNATURE
Juna Davidson-Randolle

I. DECEDENT'S NAME (FI	rst. Middle, Last)								OF DEATH		WEAR	3. TIME OF DEATH
Bla	nche J	. Barclay	7					Ju	ne 17,		YEAR	10:45 A M
SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEA		NDER 24 HRS.	7. DATE	OF BIRTH		8. BIRT	HPLACE (State or Foreign
216-58-94	72	1 🗆 M 2 🔭 F	90	YRS.	MONTHS DAY	YS HOU	R6 MIN.		th. Day, Year ¹⁷	899	Count	ryland
FACILITY NAME (If no	institution, give	street =nd number)			9b. CITY, TOV	WN OR LO	CATION OF D				NTY OF	
Northamp	ton Ma	nor			Fre	ederi	ck			Fr	rede	rick
ESIDENCE OF D	ECEDENT					`						
De. STATE	10b. COUNT				Y, TOWN OR LO							10d. INSIDE CITY
Maryland		ederick		F	rederi	ck						1 YES 2 NO
De. STREET AND NUMBER						101. ZIP (100		WHAT COUNTRY?
484 Carr	collton			_			21701			Uni	ted	States
1. MARITAL STATUS Never Married 2 [Widowed 4 D		12. WAS DECEDED FORCES?	YES 2	NO	If yes	specity,C	NT OF HISPA Cuben, Mexic NO Speci	nn, Puerto	N? (Specify Yes Rican, atc.)	or No—	14. RAC Blac Snec	E - American Indian, ck, White, stc. city: White
	ECEDENT'S ED		184	. DECEDENT'S	USUAL OCCUP	PATION		161	. KIND OF BUS	INESS/IND	DUSTRY	
(Specify of Elementary/Secondary	only highest grad	le completed) College (1-4 or 5	+)	(Give kind of v	vork done during se retired.)	g most of w	vorking					
12	, , , , ,		.,	Host	ess				Rest	aura	nt	
7. FATHER'S NAME (First,	Middle, Last)					18. 8	MOTHER'S N	AME (First.	Middle, Malden			
James End	lish							Coll				
De. INFORMANT'S NAME	-			19b. MAILING	ADDRESS (Str	eet and Nu			ber, City or Town	, State, Zie	Code)	
Keith B. P									eaton.			d 20902
04. METHOO OF DISPOS			20b. PL	ACE OF DISPOS			-	, 1111				own, Btate
XBuriel 2 ☐ Creme	tion 3 🗆 Res	moval from State	oth	er place)	ln Cem							
	RAL SERVICE L		MC	0381	22. NAM	E AND AD	DRESS OF F	ICILITY]	Robert	A. I	ump	Maryland hrey Funeral
Barbar 23. PART I. Enter the	a Jom diseases, pr	cmullen	MO Law at caused the	00381	Home Aver	Rocale,	kvill Rockv	e II ille	Robert nc. 30 , Maryl	A. H	Pumplest 1	
23. PART I. Enter the	diseases, pr heert fallure	cmullen complications the	MO Law at caused the	00381 vence a daath. Do r line.	Home Aven	ROC Nue,	ekvill Rockv dylng, suc	e II ille ch as cer	Robert nc. 30 , Maryl	A. I 00 We Land	Pumplest 1 201 rest,	hrey Funeral Montgomery 850-2805
Backaca 23. PART I. Enter the shock, or iMMEDIATE CAUSE (idleese or condition resulting in deeth) Sequentielly list condition if any, leading to Immoduse. Enter UNDERI CAUSE (Diseese or in that initiated events that initiated events	diseases, or heart failure	cmullen complications the List only one ce	MC Lawsed the use on each of the course on the course on the course on the course of t	00381 vence a daath. Do r line.	Home Aven to the control of the cont	ROC Nue,	ekvill Rockv dylng, suc	e II ille ch as cer	Robert nc. 30 , Maryl	A. I 00 We Land	Pumplest 1 201 rest,	hrey Funeral Montgomery 850-2805 Approximate Interval Between
Backaca 23. PART I. Enter the shock, or iMMEDIATE CAUSE (idlesses or condition resulting in deeth) Sequentielly list condition if any, leading to Immause. Enter UNDERI CAUSE (Disesse or in that initiated events	diseases, or heart failure	cmullen complications the List only one ce	MC Lawsed the use on each of the course on the course on the course on the course of t	o Consequence of	Home Aven to the control of the cont	ROC Nue,	ekvill Rockv dylng, suc	e II iile chas cer	Robert nc. 30 , Maryl	A. I 00 We Land	Pumplest 1 201 rest,	hrey Funeral Montgomery 850-2805 Approximate Interval Between
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Backar 23, PART I. Enter the shock, pr IMMEDIATE CAUSE (idlease or condition resulting in deeth) Sequentielly list consist any, leading to immause. Enter UNDERI CAUSE (Disease or is that initieted events resulting in deeth) Li	diseases, or heart failure	c Mullen complications the List only one ce a. DUE TO C. OUE TO d.	MC Caused the use on eech control of the caused the use on eech control of the caused th	o death. Do riline. O PCS NSEOUENCE OF	22. NAM HOME AVER DOT enter the	e/Roc iue, mode of	PRESS OF FIRE ROCKY dying, such	e Inile	Robert nc. 30 , Maryl diac or respir	A. If	Pumplest I	hrey Funeral Montgomery 850-2805 Approximate interval Between Oneet end Death b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
Backar 3. PART I. Enter the shock, pr MMEDIATE CAUSE (illease or condition resulting in deeth) Sequentially list conf any, leading to immage and the control of the contr	disease, or heert failure	c Mullen complications the List only one ce a. DUE TO C. OUE TO d.	MC Caused the use on eech control of the caused the use on eech control of the caused th	o death. Do riline. O PCS NSEOUENCE OF	22. NAM HOME AVER Dot enter the	e/Rocaue, mode of	PRESS OF FIRE ROCKY dying, such	e, Inile ille ille ille ille ille ille ille	Robert nc. 30 , Maryl diac or respir	A. If	Pumplest I	hrey Funeral Montgomery 850-2805 Approximate interval Between Oneet end Death Oneet end Death b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Backar 23. PART I. Enter the shock, pr MMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentially list cond famy, leading to immause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) L/ PART II. Other significations. 5. WAS CASE REFERRED EXAMINER?	disease, or heert failure	complications the List only one ces a	MC Law at caused the use on each of the caused the use on each of the caused the use on each of the caused the	odasth. Do riline. O PCS NSEOUENCE OF NSEOUENCE OF	22. NAM HOME AVER TOTHER:	e AND ADIO	DRESS OF FICK VILLE ROCKV I dying, such	e, Inile ille chas centre ille ille ille ille ille ille ille il	Robert nc. 30 , Maryl diac pr respir	A. If	Pumplest I	hrey Funeral Montgomery 850-2805 Approximate interval Between Oneet end Death Oneet end Death b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Backar 23. PART I. Enter the shock, pr MMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentially list condition, leading to imposuse. Enter UNDER! CAUSE (Disease or in that initiated events resulting in deeth) L. PART II. Other significations. 5. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	disease, or heert failure	complications the List only one ceres. B. DUE TO C. OUE	MC A Caused the use on each of the course o	DO381 ALCL de death. Do r line. C PCS NSEOUENCE OF NSEOUENCE OF NSEOUENCE OF NSEOUENCE OF NSEOUENCE OF	22. NAM Home Aven not enter the	e AND ADIO	DRESS OF FICK VILL ROCKV I dying, Sud	e, Inile the second of the sec	Robert nc. 30 , Maryl diac pr respir	A. If	Pumplest I 200 rest,	hrey Funeral Montgomery 850-2805 Approximate interval Between Oneet end Death Oneet end Death b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Backar 23. PART I. Enter the shock, pr MMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentielly list cone fany, leading to Immosuse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) L. PART II. Other significations of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant	disease, or heart failure Finel ditions, nedlate LYING night or the condition of the condi	c Mullen Complications this. List only one ce a. DUE TO b. DUE TO c. OUE TO d	MC Caused the use on each of the caused the use on each of the caused the use on each of the caused the use on each of the caused th	e death. Do r line. O DES NSEOUENCE OF NS	22. NAM HOME AVER TO THER: 4 OTHER: 4 OTHER: 4 OTHER: M 1	e AND ADIO	DRESS OF FICK VILL ROCKV I dying, such that the second sec	e, Initial characteristics and the characteristics and	Robert nc. 30 , Mary] diac or respir	A. If DO We and rathry	Pumplest 1 200 rest,	hrey Funeral Montgomery 850-2805 Approximate Interval Between Onset end Death b. WERE AUTOPSY FINDINGS AMALABLE FROM TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Backar 23. PART I. Enter the shock, pr MMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentielly list cone fany, leading to Immosuse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) L. PART II. Other significations of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant	disease, or heert failure finel dittions, needlate LYING njury AST TO MEDICAL	complications the List only one cess. B. DUE TO DU	MC Caused the use on each of the caused the use on each of the caused the use on each of the caused the use on each of the caused th	e death. Do r line. C PES NSEOUENCE OF NSEO	22. NAM HOME AVER TO THER: 4 OTHER: 4 OTHER: 4 OTHER: M 1	e AND ADIO	DRESS OF FICK VILL ROCKV I dying, such that the second sec	e, Initial characteristics of the characteris	Robert nc. 30 , Maryl diac pr respir	A. If DO We and rathry	Pumplest 1 200 rest,	hrey Funeral Montgomery 850-2805 Approximate Interval Between Onset end Death b. WERE AUTOPSY FINDINGS AMALABLE FROM TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Backar 23. PART I. Enter the shock, pr iMMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentielly list cond if any, leading to immagase. Enter UNDER! CAUSE (Disease or lithat initiated events resulting in deeth) PART II. Other significations of the signification of the significant of the sig	diseases, or heert failure Finel ditions, needlate LYING njury AST Cent condition To MEDICAL Pending Investigation Could not be determined	Complications the List only one ceres. List only one ceres. B. DUE TO	MC Account caused the use on each of the caused the use on each of the caused the use on each of the caused the use on each of the caused the	DO381 ACCL B death. Do r line. C PCS INSECUENCE OF INSECUENC	22. NAM HOME AVER TO THER: 4 Variang E OF 28c URY M 1 street, factory,	e AND ADIO	DRESS OF FICK VIII ROCKV I dying, such that the process of Fick VIII Rockv I dying, such that the process of Fick VIII Rockv I dying, such that the process of the process	e, Inite chas certain as certain	Robert nc. 30 , Maryl diac or respir	A. If OO We and ratbry and ratbry and Number of Number as eta	Pumplest I 203 rest, 204 cured area or Rural red.	hrey Funeral Montgomery 850-2805 Approximate Interval Between Onset end Death b. WERE AUTOPSY FINDINGS AMALABLE FROM TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

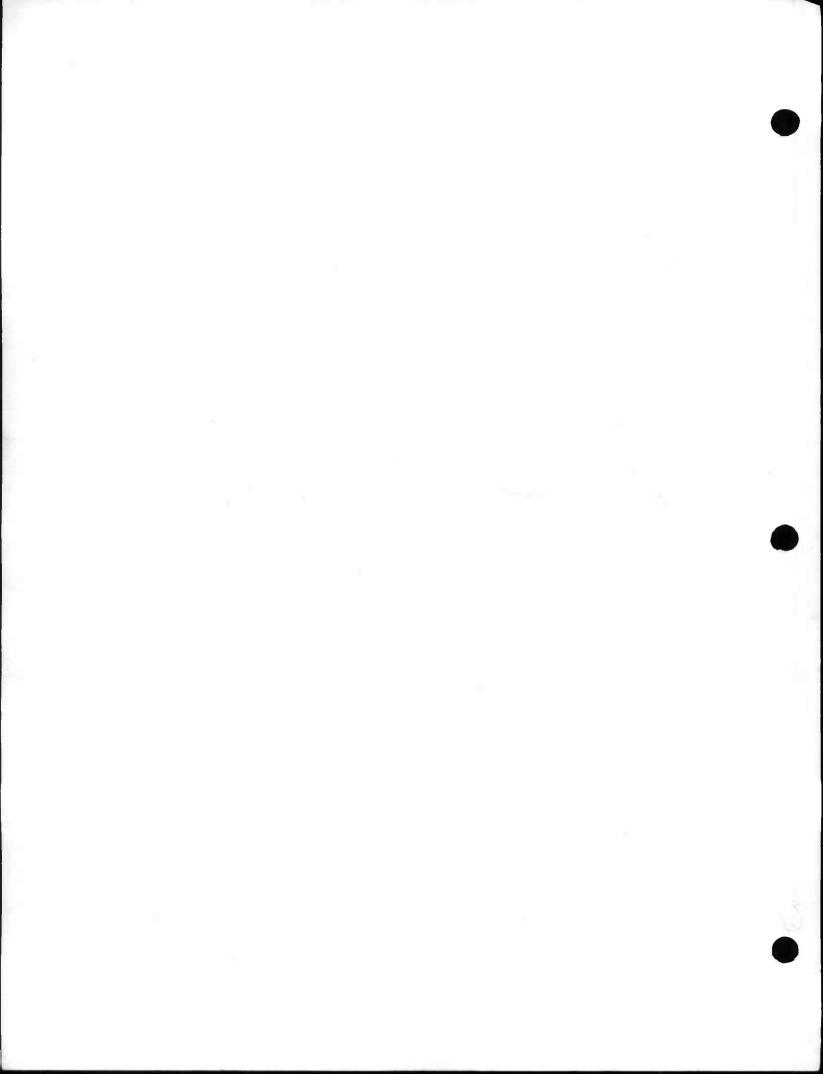
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTHAR			IIOAI	LUF	DEALL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) C.						2. DATE OF DEATH		3. TIME OF DEATH
	C Kobert	Douc					6 /3) / (1,/747 M
			AGE (In yrs. lest birthde	MONTH	ER 1 YEAR	JF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	578-05-3793	M 2 🗆 F	/ YRS				April 17	1913	Wash. D.C.
1	9e. FACILITY NAME (If not institution, give street a	and number)		9b. CI	TY, TOWN	OR LOCATION OF DE	HTA	9c. COUNTY	OF DEATH
E	Anne Arundel General Hospital				Annapolis Anne Arundel				
Ĕ.	RESIDENCE OF DECEDENT	- CGI	2111	паро	113		Anne	Arunuer	
DIRECTOR	10a. STATE 10b. COUNTY	10c.	CITY, TOWN	OR LOCA	TION			10d. INSIDE CITY LIMITS?	
8	MD Anne Ar	undel		Shady	side				1 V YES 2 NO
	10e. STREET AND NUMBER			, , ,		f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1270 Hayes Road					20764		,,,	A
Z I		WAS DECEDENT EV	FR IN II S ARMED	1	1 WAS DE		IIC ORIGIN? (Specify Yes	U.S.	. RACE — American Indian,
5	A D Name Married 2 N Married	FORCES? 1 T	YES 2 NO	Ι.	If yes, sp	ecify Cuben, Mexice	n, Puerto Rican, etc.)	OF NO 14.	Black, White, atc.
B₹	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 YES	2 NO Specify	r:		Specify: White
	15. DECEDENT'S EDUCATIO		16e. DECEDEN	I I I I I	OCCUPATI	OM	16b. KIND OF BUS	SINESS (INDITIS.	TOV
2	(Specify only highest grade comp	oleted)	(Give kind	of work don	ne during me	ost of working	IOD. KIND OF BO.	SINESS/INDOS	int
	Elementary/Secondery (0-12) Co	llege (1-4 or 5+)	11/0/4/22			_			
Σ		4	Real	stat	e Ap	praiser	Real I		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	59				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)	
BE	Robert S. Boucher					Cather	ine Davis		
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRE	SS (Street	and Number or Rural F	Route Number, City or Tow	n, State, Zip Co	ide)
F	Isabelle M. Bouche	r	1270) Hav	es R	1. Shady	side, MD	20764	
	20a. METHOD OF DISPOSITION	CASSES SEE	20b. PLACE OF DIS			metery, crematory or			y or Town, State
	1 Donation 5 Other (Specify)	Irom State	other place) M+ Com-	ort	Crom	atory	1 1	xandr	i o T/A
	21. SIGNATURE OF FUNERAL SEMICE LICENSI	EE _	TIL. COM.	2	2. NAME A	ND ADDRESS OF FA	CILITY	zxanur	la. VA
	00:11 0	n 1)		Jose	oh Gawler	's Sons, I	Inc.	
	1 mechael	Mul	Lon						eton.D.C. 20016
	23. PART . Enter the diseases, or comp	olications that ca	used the death. E	o not ent	er the me	ode of dying, euc	h ee cerdlec or resp	iratory arresi	t, Approximate
- 1	shock, or heart fellure. Liet IMMEDIATE CAUSE (Final	only one ceuse	eptic Shoo	k					Interval Between Onset and Desth
	disease or condition		tie Sh						150
H	resulting in deeth) e								- 10
_	_	Ren	miston	. 1	2:0.	0/1	nuner		31
6	Sequentially list conditions, b	DUE TO (OR	AS A CONSEQUENC	OFI:	uu	we f gi	ucinco V	00	
A	If any, leading to immediate cause, Enter UNDERLYING	COF	20	,					YRS
윤	CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENC	E OFI:					1,10
ĒΙ	that initiated events resulting in deeth) LAST			,					
CERTIFICATION	d								
	PART II. Other significant conditions co	entributing to de	ath but not resulti	ng in the	underlyin	g causa givan in			24b. WERE AUTOPSY FINDINGS
5	acute rena	1 Leis	lieve.				PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL			er Hill	. //	2:0		1 × res :	! ∐ NO	OF DEATH?
Σ	CHF / W. Mass	Dun	er for	ux	alle	m			1 - YES 2 NO
ÿ									L
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		ОТН		LACE OF DEATH (Ch	eck only one)		
S			R/Outpatient 3 🗆 DC			me 5 🗆 Reeldence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,	IURY 28b.	TIME OF		JURY AT ORK?	28d. DEŞCRIBE NOW	INJURY OCCUP	RED
ВУ	1 T Netural 5 Pending 2 Accident Investigation	(, = -),	,	М		YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home, fa	m, street, 1	actory, offi	ce	261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
回	4 Nomicide determined	ounding, etc.	(Opeciny)				Only or rown, state,	,	
COMPLETED	290. CERTIFIER	. To the heat of my	Immuladas daeth as	successed and the					
물	(Check only one)	-							
S l	2 MEDICAL EXAMINER: U	n ine basie of exam	ination and/or investi	ation, in m	ly opinion,	death occured at the	lime, date end place, el	nd due to the o	cause(e) and manner ee stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	< ()				29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)
	May X Shu	In VY	\mathcal{D}			D310	182	D 6	113/90
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE (OF DEATH (ITEM 27)	Type, Print)		Anne Ar	undel Gen.	Hosp	
1	,		Mary Mich	els.	M.D.				1
	31. DATE FILED (Month, Day, Year)					*		<u> </u>	77
	JUN 1 9 '90	Julia Davi	SIGNATURE	2					1
	7 = / 44		-						



	1 - FOR STATE OF MARYLAND REGISTRAR	/ DEPARTM				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH DAY	YEAR 3.	TIME OF DEATH
ı	DAMES E BOLAND				6	13	90 1	0 25 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I	last birthday) IF L	THS DAYS	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day)		8. BIRTHPLA Country)	CE (State or Foreign
	577-22-3971 1≦M2□F 74	YRS.	INS DATS		larch 1			ngton,D.C.
	9a. FACTLITY NAME (If not institution, give street and number)	9b.		R LOCATION OF DEA		10	JNTY OF DEAT	6
e l	SOUTHERLY MARYLAND HOSPI	1711	C	-LINTO	M	TRI	YCE "	100K968
E .	10s. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION			100	I. INSIDE CITY
DIRECTOR	Maryland Charles	Waldo	orf				1 [LIMITS?
	10e. STREET AND NUMBER			ZIP CODE		10g. Cl	TIZEN OF WHA	COUNTRY?
FUNERAL	3000 Gallery Place, Apt. 14			20602		U	.S.A.	
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 News Marital SXXM and	ARMED		ENDENT OF HISPANI cify Cuban, Maxican			14. RACE — Bleck, W	American Indian, hits, atc.
BY F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	4		2 XNO Specify:		,,		White
		DECEDENT'S USU	AL OCCUPATIO	N.	16b. KINI	O OF BUSINESS/IN	DUSTRY	
	(Specify only highest grade completed)	(Give kind of work of the control of	done durina mo		- 17			
7		ıck Driv	er		Priv	ate Ind	ustry	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM				
BE C	John W. Boland			Ott W.	Lundf	ord		
TO B	The state of the s			nd Number or Rural Re				
۲	Mary R. Boland	3000 Ga	llery	P1, #14,	Waldo			
	1 A Burial 2 Cremation 3 Removal from State other	place)		netery, crematory or		20c. LOCATION -		
	4 Donation 5 Daher (Specify) Ced	ar Hill		ery ID ADDRESS OF FAC	HITV	Suitla	and, Ma	ryland
	21. SIGNATURE STATEMENT SERVICE LIBERAGE			ge P. Kai		neral Ho	ome	
	Drogo Valo		6160	Oxon Hi	11 Rd.	Oxon Hi	11. Md	20745
	23. PART I. Enter the diseases, or compilications that caused the shock, or heart feilure. List only one cause on each it		enter the mo	de of dying, such	as cardiac	or respiratory e	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	0 9	We.	1				Onset end Deeth
	resulting in death)	FOURNOE OD:	-1					
_	- Conelio C	Les C	Olevo	cec				i 1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	EQUENCE OFF	-0	3 (
SA	ceuse. Enter UNDERLYING	del	Open	Lauch	102			! I
Ĕ	CAUSE (Disease or injury that initiated events	SEQUENCE OF	-	80.1	0	0.		
E	resulting in deeth) LAST	al Ca	- 1Ce	7	mi	CIZ		
AL C	PART II. Other significant conditions contributing to death but no	t resulting in th	ne underlyin	g cause given in i	Part i. 24e	. WAS AN AUTOPS		ERE AUTOPSY FINDINGS
2	(4620 COV)				_ 1	PERFORMED?	CC	AILABLE PRIOR TO DMPLETION OF CAUSE DEATH?
					_ _			YES 2 NO
ž								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PI	ACE OF DEATH (Che	ck only one)			
XSI	1 🗌 YES 2 📉 NO 1 🐧 Inpatient 2 🗆 ER/Outpatient	3 🗆 DOA 4 🗆	Nursing Hon	e 5 🗌 Residence				
H H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WC	RK?	28d. DEŞCRIE	BE HOW INJURY O	CCURED	
BY	2 Accident Investigation	home form store		rES 2 NO	004 1 004700	N (Street and Numb	on on Russi Bour	h Mumber
8	3 Suicide 6 Could not be determined 20s. PLACE OF INJUSTY — At building, atc. (Specify)	riome, tallii, ellee	t, lactory, offic		City or To	wn, State)	er or noral noor	e Nomber,
COMPLETED	29a. CERTIFIER						11.50	
M P	(Check only one) CERTIFYING PHYSICIAN: To the beat of my knowledge, one) MEDICAL EXAMINER: On the beats of examination and/							od manner en eteted
8		or investigation, in	5					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER A	en L	7	29c. LICENSE NUM	BER	290, 0/	ATE SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Prin	11) 0	10/11	ni De	0.00	10 h =	3/1/
	ABULHASAN 11 AWGALI	- 11769	0	26WC	Mil	feld 16	75	210/
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		1		۳_	-7.0	151	
	15 90 Sull Tavidson Randel	2						
_	JUN 1.3 30							DHMH-18 Rev 1/89



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o'	within
1314	executed
K	a
O. BC	certificate
7.	death
2	the
F	that
ECC C	requires
	AR.
<	The
F <	SICIAN:
0	품
MINISION OF VITAL RECORDS, P.O. BOX 13146,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 n
5	E

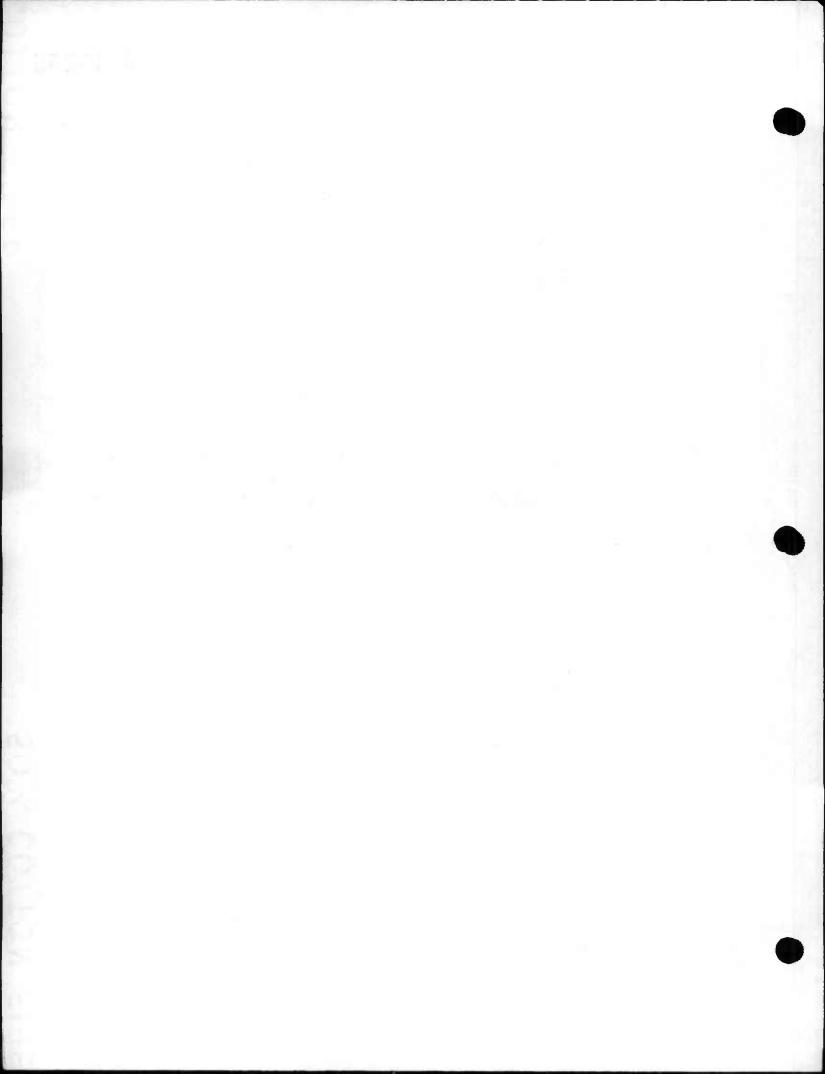
100	rmit. The state of the state of)	L DIRECTOR
of death, raye o may be retained by the Hospital of attending priystolan.	the funeral director, page 5 should be detached for use as the burial-transit pe	I examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
ID THE PASSET OF ATTENDING PHYSICIAN: The IBW Fequires mat the Death certificate be executed writing 5.4 mous after death, Page of may be retained by the nospital of attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit.	The medium of them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR		SIMIE OF I	C	ERTIF		F DEATH	1 IN	REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
Costs	11a	B	lassin	na A	n E			MONTH DA	NY .	YEAR	6:45A M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEA	R IF UNDER 24	HRS. 7	7. DATE OF BIRTH		6. BIRTHP	LACE (State or Foreign
487-40-	1 445	1 - M 2 X F	7/	YRS.	MONTHS DAY	S HOURS	MIN.	(Month, Day, Year) 2-1-19		Country)	sissippi
9a. FACILITY NAME (If not in		atreet and number)			9b. CITY, TOV	VN OR LOCATION	OF DEAT		9c. COU	NTY OF DE	
PINEVIEW	MAN	OR EXTER	ded Co	2KE	Cliv	too			P	G.	
RESIDENCE OF DE	10b. COUNT	ГҮ		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland	Princ	ce George	's	C1	inton						1 X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	ZEN OF W	HAT COUNTRY?
9106 Pin	eview	Lane				20735			U.	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN						ORIGIN? (Specify Yes		14. RACE	- American Indian, White, atc.
1 Never Married 2 3 Widowed 4 Div			MAR OR DATES	INO			Maxican, Specify:	Puarto Rican, etc.)		Specify	
	CEDENT'S ED		18a. D	ECEDENT'S	USUAL OCCUP	PATION		16b. KIND OF BUS	SINESS/INI	DUSTRY	
(Specify on Elementary/Secondary (ly highest grad 0-12)	College (1-4 or 5	- 10	Give kind of a fe. Do NOT us	work done during se retired.)	most of working					
0-12				Custo	dian			Steak 8	s Sha	ke	
17. FATHER'S NAME (First, A	Aiddle, Lest)					ts. MOTHE	R'S NAME	(First, Middle, Malden	Sumame)		
Andrew	Featl	herson				Elz	ia R	Russell			
19a. INFORMANT'S NAME (1	9b. MAILING	ADDRESS (Str			ute Number, City or Tow	n, State, Zij	Code)	
Peggy Ga	tes							n Hill, N			
20a. METHOD OF DISPOSIT	TION				SITION (Name o	f cemetery, cremat	ory or	20c. LO	CATION -	City or Tow	rn, State
1- Buriel 2 Cremett 4 Donation 5 Othe	on 3 ∐ Rei r (Specify)	movel from State	other I	incol	ln Memo	rial		Su	itla	nd, M	d. ,
21. SIGNATURE OF LUVER	AL SERVICE L	ICEMBER				E AND ADDRESS		/ / A	(-	Fren	1 dlant
> Han	11/1	1-1	1.1.1	21	10	BERT	1	5 MASS	TON	TUI	ASHEDC
23. PART i. Enter the			mu	11/21	160	6/ 50	od.	rope No	101		Approximate
disease pr condition resulting in deeth) Sequentially list condition and the condition of	edieta riNG ury	d	OR AS A CONS	EOUENCE O	F):			Gisa		e	Guelos
PART II. Other signific Hype	ent condition	ne contributing to	death but not	resulting	in the under	iying cause gh	ren in Pa	art i. 24e. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO A A
25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSPITAL:				6. PLACE OF DEA	ATH (Chec	k only one)			
1 YES 2 NO		1 Inpatient 2	☐ ER/Outpetient	3 DOA	OTHER: 4 Nursing	Home 5 🗆 Resi	dence 6	☐ Other (Specify)			
27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	26b. TIM	ME OF 260 JURY	. INJURY AT WORK?	:	28d. DESCRIBE HOW	NJURY OC	CURED	
1 Natural 5 2 Accident	Pending Investigation		,			YES 2	NO				
2 0 0 1-14-	Could not be determined	28e. PLACE	OF INJURY — At I	home, term,	street, factory,	office	1	28f. LOCATION (Street City or Town, State)		or Or Rural Re	oute Number,
29a. CERTIFIER			101								
(Check only								o the cause(a) and ma me, date and place, er			and manner as stated.
29b. SIGNATURE AND TITL			-	100	Har	29c, LICEN					(Month, Day, Year)
HYO	K.	LEE M	1-D-	1 6	·vice	D	155	-95	> DA	6/10	190
30. NAME AND ADDRESS (F PERSON W	HO COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Type		4-		1		6	1 /
9106	ine	Vilew	ana	-,(Clay	100,10	10	207	35		
31. DATE FILES (Month Day		32. REGISTR	AR'S SIGNATURE	Pandal	2						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

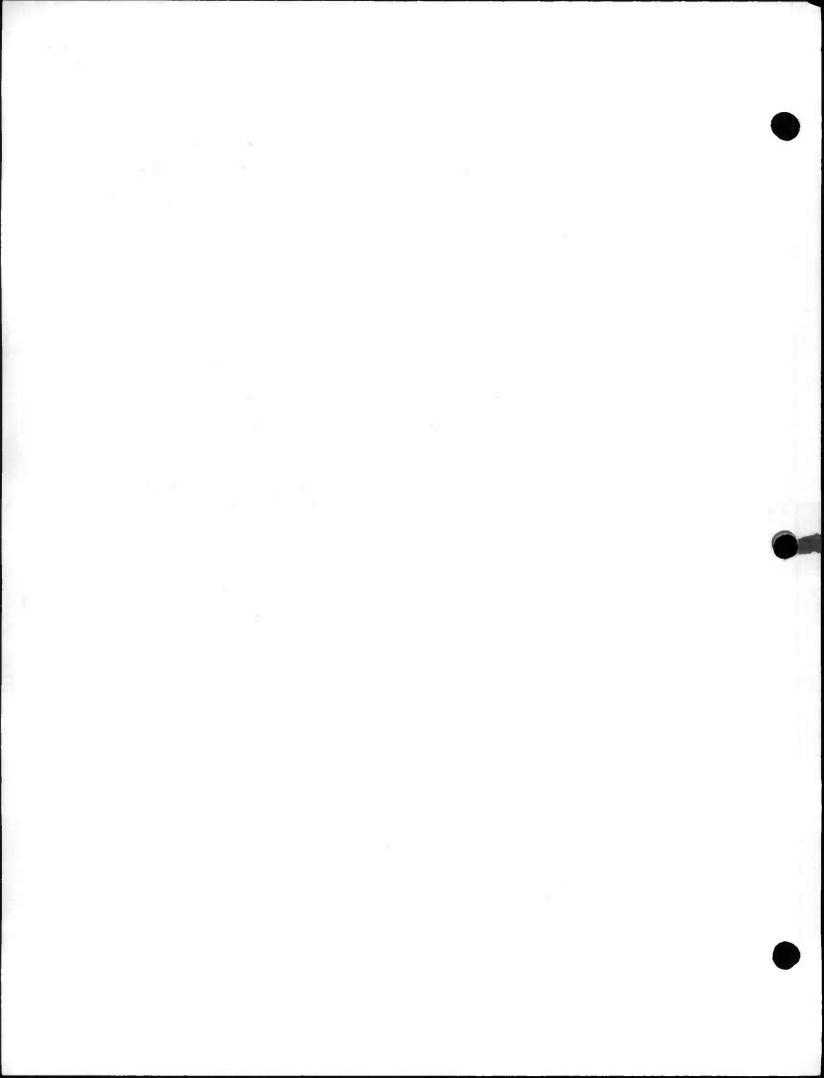
FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle Francis D		RRETT			2. DATE OF DEATH DA DA June 14, 1		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
081-10-7397	1 💢 M 2 🗆 F 8.	4 YRS.	ONTHS DAYS	HOURS MIN.			assachusetts
Holy Cross Ho	spital		Silver	R LOCATION OF DE Spring	AIH	11. 11.	gomery
RESIDENCE OF DECEDE 10a. STATE 10b.	COUNTY	10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
Maryland M	ontgomery	Silv	rer Spr	ing ZIP CODE		10g, CITIZEN	1) YES 2 □ NO OF WHAT COUNTRY?
2201 Colston D	rive			20910		USA	
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2X NO	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) ::		RACE — American Indian, Black, White, etc. Specify: White
15, DECEDEN (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION eat grade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos	N it of working	16b. KIND OF BUS	SINESS/INDUST	TRY
	5+	Attorney	7		Se1	f-empl	oved
17. FATHER'S NAME (First, Middle,				_	ME (First, Middle, Melden	Sumame)	
Edward Darcy		405 MAII DIO AF	Indeed to	Rose :	Brown Route Number, City or Tow	n State 7to C-	fel
Charles E. B	,				iile, Md.		, , , , , , , , , , , , , , , , , , ,
20a METHOD OF DISPOSITION 1 △ Burlal 2 □ Cremation 3		20b. PLACE OF DISPOSITI					or Town, State
4 Donetion / 6 Other (Spec	lfy)	Mt. OLivet				hingto	n, D.C.
21. SIGNATURE OF FUNERAL SER	e d'ban		DeVo1	Funeral		Wachi	ngton DC
iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	J E DOE TO (OR &	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	lar a	(cide Veri	ent - esclu	use	Onset species 2 Ms
	enditions contributing to death			g cause given in	OF OF O	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
1 TYES 2 TAND	1 ☐ Inpatient 2 ☐ ER/C	outpatient 3 DOA 4	☐ Nursing Hom		8 Other (Specify)	NAME OF THE OWNER OWNER O	ED.
1 Natural 5 Pend	(Month, Day, Yea		TY WC	PRY AT	28d. DEŞCRIBE HOW	INJURY OCCUR	ied
3 🗆 Suicide 8 🗆 Could	d not be building, etc. (S	JRY — At home, ferm, stre Specify)	eet, factory, offic		281. LOCATION (Street City or Town, State		Rural Route Number,
CONSTRUCTION OF THE CONTROL OF THE C	IG PHYSICIAN: To the best of my kr						
290 SIGNATURE AND TITLE OF	SI SI MAN	(A)		29c. LICENSE NU	MBER 0534_	29d. DATE S	IGNED (Month, Day, Year)
HOTACE W. Be	32, REGISTRAR'S S	743 Bradle	y Blvd.	Chevy	Chase. Ma	ryland	20815





13146, BALLIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a now after death. Page 6 may be retained by the hospital or attending physician.	; certificate has been signed by the attending physician and completely illied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF N	/ARYLAND CE		TMENT ICATE				MENTAL	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		DLA	•	2. DATE O	F DEATH			3. TIME OF OEATH
	7 -	liam Yo	ung Brad	y, J	r.				монтн	- //	× -	YEAR	9 550 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest			1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH	-		IPLACE (State or Foreign
	579-09-7722	1 💢 M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	Io, 1	910	Penn	sylvania
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	. TOWN C	R LOCATIO	ON OF DE				INTY OF D	
œ	Suburban Hospital						esda				1	ntgo	
DIRECTOR	RESIDENCE OF DECEDENT										Pic	ni ego	
E I	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
5	Maryland Mont	gomery			В	ethe	sda						1 TES 2 1 NO
AL.	10e. STREET AND NUMBER					101	ZIP CODI						WHAT COUNTRY?
FUNERAL	9807 Broad Stree	et						2081	.4		Uni	ted	States
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? n, Puerto Ri	(Specify Yea	or No-	14. RACE	E — American Indian, k, Whita, atc.
ВУ Б	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			1 YES	2 NO	Specify	n, rounto m /:	carr, arc.)		Speci	
		WW										<u> </u>	WILLE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DE0 (Gi	ve kind of	USUAL O work done se retired.)	during mo	on st of working	g	16b. i	CIND OF BUS	SINESS/IN	DUSTRY	
الإ	Elamentary/Secondary (0-12)	College (1-4 or 5			ecia				U.	S. Go	vern	ment	(IRS)
₽ P		4											
8	17. FATHER'S NAME (First, Middle, Last) William Young Bra	adv Sr							Me (First, Mi Maple	ddle, Maiden	Sumame)		
BE		ady, br.	140								-		
2	19a. INFORMANT'S NAME (Type/Print) Carolyn B. Schnec	l-								r, City or Tow			21405
			_						METWO	_			own, Stata
	20a. METHOD OF DISPOSITION 142 Burlal 2 Cremation 3 Ramo	val from Stata	20b. PLACE other pla ROCK	Crac	sition (N	ame or cer	netery, cren	natory or					D.C.
	4 Donation 5 Other (Specify)	FNSFF	_ ROCK	CICC				SS OF FA	CILITY				
	011	1.	/ 200	100	F	obei	t A.	Pun	nphre	y Fune	eral	Home	20814
	Kahing	ana	h MOO	198	75	574	Visco	nsir	Ave	Beti	nesda	a, MD	20814
	23. PART I. Enter the diseases, or can ahock, or heart failure. L				not enter	tha mo	da of dy	ing, auc	h aa cardi	ac or respi	ratory a	rreat,	Approximeta Interval Between
	IMMEDIATE CAUSE (Final	and only one cer		1)		1				Onset and Death
	disease or condition resulting in death)	R	somid	tor	w	14	m	38					unight
	Touring III deality	DUE TO	IDA AS A CONSEC	DUENCE C	9		7	/		ane			
Z	Consumption line conditions 6	100	Wan	all	in	1/2	108	tal	e (anc	15		4 years
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE C	OF):								
2	cause. Enter UNDERLYING CAUSE (Diseese or Injury	OHE TO	OR AS A CONSEC	MENOE C	ND.								
E	thet initieted eventa resulting in death) LAST	000 10	(On AS A CONSEC	JUENCE C	n-).								i l
5		i											1
	PART ii. Other aignificant condition	contributing to	death but not r	eaulting	in tha u	nderlyin	g cause	given in	Part I.	24s. WAS AN		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ICAL										PERFOR			COMPLETION OF CAUSE
EDI											2.5		OF DEATH?
Σ									_				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF C	EATH (Ch	neck only one)			
);;	EXAMINER? 1 ☐ YES 2 💢 NO	HOSPITAL:	☐ ER/Outpetlant 3	□ DOA	OTHE	R:			6 Other				
Ě	27, MANNER OF DEATH	28a. DATE OI	F INJURY	26b. Til	WE OF	28c. IN.	URY AT	Palicetice		CRIBE HOW	INJURY O	CCURED	
	1 🔀 Natural 5 🗌 Pending	(Month, i	Day, Year)	IN	JURY		ORK? YES 2	NO					
BY	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE	OF INJURY — At ho	me, farm,	street, fac	tory, offic	a -		26f. LOCA	TION (Street	and Numb	er or Rural	Route Number,
	4 Homicide determined	building	, etc. (Specify)						City o	r Town, State):		
COMPLETED	29e. CERTIFIER	CIAN. To the best of	e and the state of the state of		Constitute.	no estado		22.6			in alvar		
ΜP	(Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE												a) and manner as stated
8				gan		opinion, i				and prova, an			
BE	296. SIGNATURE AND TITLE OF CONTRIES	7/	1					ENSE NUI 2086	MBER				O (Month, Day, Year)
2	30. NAME AND ADDRESS OF RERSON-WHO	Lu	IOF OF AFTER	11 Jan 10	annother of		522	.550				6-1	4-90
	Frederick P. Smi					Weni	10. N	T M	Wasi	hinat	on. I	0.0	20015
				,	** E	1 v C11 (, r		11001	9 0	,	••••	20013
	31. DATE FILED (Month, Day, Year)	32 REGISTR	an's signature and some	do DO									
	JUN 1 8 '90	7 million	on Intitational last	-	,								



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	0	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE		
	DECEDENT'S NAME (First, Middle, Last)	Arthur	W. E	ollma	1	2. DATE OF DEATH	. 1990	3. TIME OF DEATH 8:40 A. M
	4. SOCIAL SECURITY NUMBER 579-16-8193 1	SEX 8. AGE (III	yrs. last birthday) IF MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/25/22	a. B Cc Ma	RTHPLACE (State or Foreign buntry) RTYland
TOR	9a. FACILITY NAME (If not institution, give street 14518 Perrywood RESIDENCE OF DECEDENT			rtons	ville	ATH	Mont	gomery
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY Maryland Montg	omery		own or locati				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	14518 Perrywood	Drive			ZIP CODE 20866		10g. CITIZEN	OF WHAT COUNTRY?
В	1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA Orld War	2 NO	If yes, spe		IC ORIGIN? (Specify Y n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify; DITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION	16a. DECEDENT'S US (Give kind of work life. Do NOT use no Machin	done during mos etired.)			USINESS/INDUSTR	łY
E COM	17. FATHER'S NAME (First, Middle, Last) Milton	Boll		100	1a. MOTHER'S NAI	ME (First, Middle, Malde	n Sumame)	arker
TO BE	19a. INFORMANT'S NAME (Type/Print) Thelma E. Boll	man	195. MAILING AD 14518	Perry	nd Number or Rural F Wood Dr	oute Number, City or To	own, State, Zip Cook	le, Md.20866
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)		PLACE OF DISPOSITION OTHER PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECULIAR PLACE OF SECU	shing	ton Cem	Ad Ad TAKOM	A FUNE	Maryland RAL HOME h.DC.,20012
CERTIFICATION	shock, or heert failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	orce				Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions	contributing to death be	ut not resulting in	the underlying	g cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
YSIC		HOSPITAL:		THER: Nursing Hom	- 5 Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH Netural 5 Pending Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJ WO M 1 1	RK?	28d. DESCRIBE HOV	Y INJURY OCCURE	ED
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, office		261. LOCATION (Stree City or Town, Sta	et and Number or R te)	tural Route Number,
COMPLETED	one)	AN: To the best of my know						use(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	I MO	le, m	P	29c. LICENSE NUI	MBER SSG	29d. DATE SIG	NED (Month, Day, Year)
	30. NAME AND MODRESS OF PERSON WHO	CM V	18111	Unco	Phily	e DI	Mry	M
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ature Pando	20			,	

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
al examiner must be notified at once.	- IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
the funeral director, page 5 should be detache oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hosp	
DALIMORE, MARILAND	DIVISION OF VITAL RECORDS, T.O. BOX 13146,	

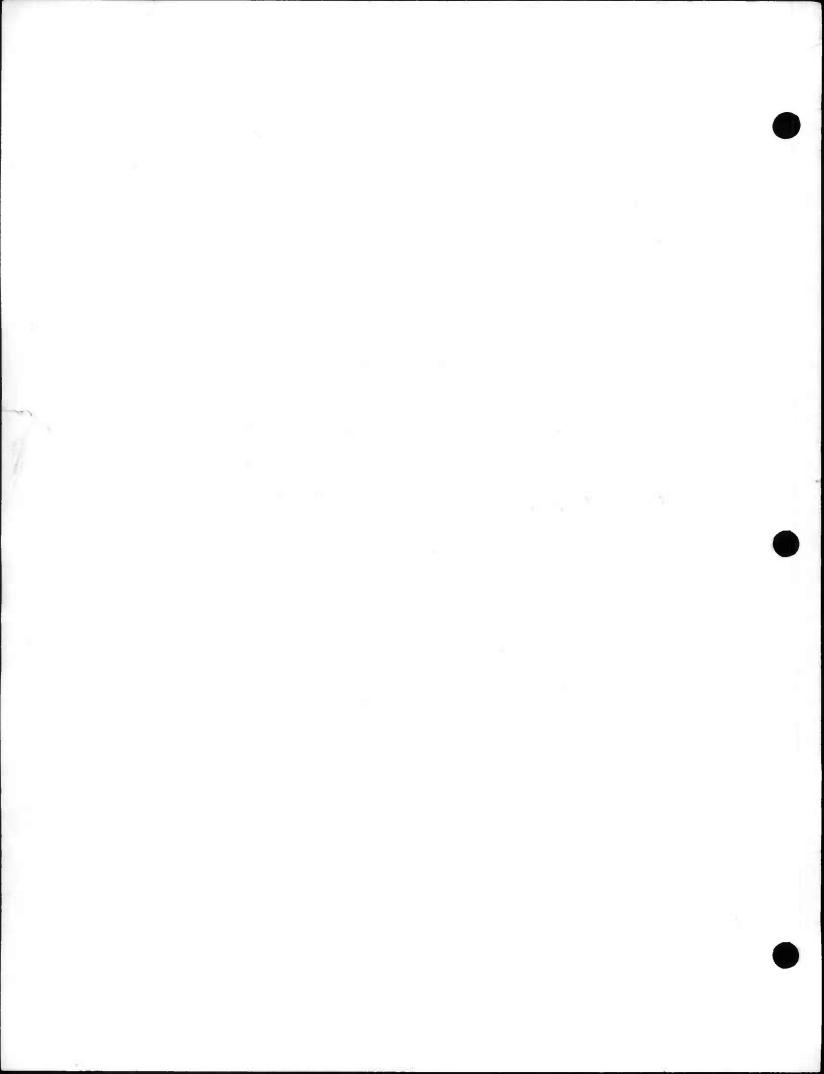
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAR	RTMEN'	T OF H	EALTH DEAT	AND I	MENTAI	L HYGIENI REG. NO.	90	0-1	18268
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	v	YEAR 3.	TIME OF DEATH
	Winfred	C			1	Brya	nt		Jun	e 20,			:45 P.M. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH			ACE (State or Foreign
	232-24-8350	1XXM 2 □ F		68 YRS.	MONTHS	DAYS	HOURS	MIN.	May	1, Day, Year)	22	West	Virginia
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	r, TOWN C	R LOCATI	ON OF DE				TY OF DEAT	
۳ ا	805 Reading Avenu	ie.				Roc	kvil	le			Mo	ntgom	erv
DIRECTOR	RESIDENCE OF DECEDENT				L								
Ä	10e. STATE 10b. COUNTY			10c, Cl	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY LIMITS?
<u></u>	Maryland Montg	omery		1	Rockt	/ille	9					1 (YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF WHA	T COUNTRY?
FUNERAL	805 Reading Avenu	e					20850)			Uni	ted S	tates
5	11. MARITAL STATUS	12. WAS DECEDEN								N? (Specify Yee			American Indien, hite, etc.
	1 Never Married 2 Merried	FORCES? 1					2 XNO			Ricen, etc.)			White
BY	3 Widowed 4 COlvorced	WWII											
	15. DECEDENT'S EDUC (Specify only highest grade			16e. DECEDENT'S (Give kind of	work done	during mo	ON st of working	ng	16b	. KINO OF BUS	INESS/INDU	JSTRY	
9	Elementery/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT L									
Z Z	10			Meat	Cutte	er				Groce	-	ore	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						500			Middle, Maiden			
B	Hickman Bryant									Bryant			
ဥ	19a. INFORMANT'S NAME (Type/Print)			C-C-11, 0,000,00						ber, City or Town			
-	Donna Sue Thursto	n							Rockv	/ille,			20850
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 🔀 Cremetion 3 ☐ Remo	oval from State		PLACE OF DISPO							CATION — C	Sity or Town,	State
	4 Donetion 5 Other (Specify)		_ Mc	ontgome:	-								ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC			M00381	22.	NAME A	ADDRE	SS OF FA	CILITY R	Robert	A. Pt	umphr	ey Funeral
	Barbara Jo W	cmulle,	n da	whence		iome/ lveni	ROCK	SOCK	ie, i Zille	inc. 3	oo we	est Mo	ontgomery 50-2805
	23. PART I. Enter the diseases, or o	omplicetions the	t caused	the deeth. Do									Approximate
	shock, or haert fellure.	List only one cer	ise on eed	ch ilne.									Onset and Death
	disease or condition	Canam	000	Cell Car			£ +1	. Те					
	resulting in deeth)			CONSEQUENCE		ma C) L L1.	le Ja	aw				†
_													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A	CONSEQUENCE (OF):								
SAT	cause. Enter UNDERLYING	•											1
Ĭ.	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A	CONSEQUENCE	OF):								
H	resulting in death) LAST	d.											
			1									1	
AL	PART ii. Other algnificant condition	_		it not resulting	in the u	naeriyin	g cause	given in	Pert I.	24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS WILABLE PRIOR TO
음	Cerebrovascula					100			_	1 TYES 2	XXNO		OMPLETION OF CAUSE F DEATH?
M	Severe Chronic	Obstruc	tive	Pulmona	ary D	isea	se					11	YES 2 NO
PHYSICIAN: MEDICA													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF I	DEATH (C	reck only or	ne)			
1Si	1 TES 2XXNO	1 Inpatient 2	☐ ER/Outpa	tient 3 DOA			10 5XXR	eeldence	6 🗆 Othe	er (Specify)			
Hd	27. MANNER OF GEATH	28e. OATE Of (Month, i	F INJURY Day, Year)	28b. TI	ME OF	WC	JURY AT DRK?		28d. DE	SCRIBE HOW I	NJURY OCC	UREO	
BY	1 X Naturel 5 Pending 2 Accident Investigation				M		YES 2	_ NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE (building	OF INJURY - , etc. (Specif	— At home, ferm.	street, fac	ctory, offic	e			CATION (Street of or Town, State)		or Rural Rout	te Number,
E	Tonicio delentino												
COMPLETED	29e. CERTIFIER 1 XXCERTIFYING PHYSI	CIAN: To the best of	t my knowle	edge, death occu	red at the	time, date	end plec	e, end du	e to the ce	euse(e) end mar	nner ee state	ed.	
0	one) 2 MEDICAL EXAMINE	On the basis of	examination	and/or investigat	lon, In my	opinion,	death occu	red at the	time, date	e and place, an	nd due to the	e ceuse(a) e	nd manner ee stated.
E C	29b. SIGNATURE AND TITLE OF CHIMFIELD	1/11	1	1/			29c. LIC	ENSE NU	MBER		29d. DATE	E SIGNED (M	ionth, Day, Year)
8	20/	- CM	14	6			ח	35/	92		.т. ◀	una 2	1, 1990

15001 Dufief Mill Road, Gaithersburg, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidnon Randell

Kevin M. Gil, M.D.,
31. DATE FILED (Month. Day, Year)
JUN 25 '90



BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sl r removal.	nedical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HISPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

500													2 -	, J	0010
1 - STATE REGISTRAR		STATE OF N	ARYLA	AND / CE	DEPART RTIFI	MENT	LOF H	EALTH DE AT	AND H	MENTA	L HYGI REG.		0-	15	267
1. DECEDENT'S NAME (First,	, Middle, Last)					OAT L		DEAI	••		OF DEATH	4		3. T	IME OF DEATH
Elizabeth	BROW!	V								June		DAY 19	YEAR	1	0:35 P M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (/	n yrs. lest		IF UNDER		IF UNDER		7 DATE	OF BIRTH		8 BIRT	THPLAC	E (State or Foreign
577-03-6702		1 M 2 TF		87	YRS.	MONTHS	DAYS	HOURS	MIN.		st I	1,1902	1		inia
9e. FACILITY NAME (If not in	stitution, give	street and number)				9b. CITY	r, TOWN C	R LOCATIO	ON OF D	EATH		9c. CO	UNTY OF	DEATH	
AMT DRS HO	SPTTA	L_OF PG C	TVIIC	Y	1	anh	am_					Pri	nce	Geo	rge
10e. STATE	10b. COUNT	Υ			10c, CITY,	TOWN	OR LOCAT	ION							INSIDE CITY LIMITS?
Virginia	Fairf	ax			Spr	ing	fiel	d						1 1	YES 2 NO
10e. STREET AND NUMBER							100	ZIP COOE							COUNTRY?
6618 Stage	coach							2150					ted		
11. MARITAL STATUS 1 Never Merried 2	Mondod	12. WAS DECEDEN FORCES? 1	EVER IN	U.S. ABI	MED O					NIC ORIGII In, Puerto		Yee or No—	14. RA	CE — A	merican Indien, Ite, atc. 11te
3 💢 Widowed 4 🗌 Divo		IF YES, GIVE W	AR OR DA	ATES				2 Å NO	Specif				Spe	octty:WI	iite
	EDENT'S ED			(Gh	CEDENT'S L	ork done	durina mo	N st of workin	g	18b	. KIND OF	BUSINESS/IF	DUSTRY		
Elementery/Secondery (0	0-12)	College (1-4 or 5 +)		_{Do MOT use} sewif						0	wn Hon	ne		
17. FATHER'S NAME (First, M	fiddle, Last)							18. MOTH	IER'S NA	ME (First,	Middle, Ma	iden Sumame)			
Christopher	Berry	7						Ma	aryb	elle	Dea	le			
19e. INFORMANT'S NAME (Type/Print)											Town, State, 2			
William Bro	wn,Jr.			6	618 S	tag	ecoa	ch R	d.,S	prin	gfie	ld Va.	, 221	150	
20g METHOD OF DISPOSIT	ION on 3 🗆 Red	noval from State	20b.	PLACE (OF DISPOSI							LOCATION -			
4 Donation 5 Other		1 01	٦		Arl	ing	ton	Natio	onal	•		rlingt			
21. SIGNATURE OF TANKINA	SERVICE L	J. J. J.	7#	2	-	22.	NAME AI	D ADDRES	SS OF FA	Ro	bert	E. Wi	ilhel	Lm :	Inc.,
aken	- W	11000	100							· · · · ·		land N		2074	
23. PART 1. Enter the d	ilaeasea, or laart fallure	complications the List only one cau	se on a	the dea	ath, Do no	ot ente	r the mo	de of dyl	ing, aud	ch as can	diec or n	eepiratory e	rrest,		Approximata Interval Between
IMMEDIATE CAUSE (Fluidisease or condition	nel	Carl	1144											1	Onset and Death
rasulting in death)	→		IRA		UENCE OF										=48hy
							Cris I	40 4	fase an		- 4	EMBO.	1 7	i	=48hg
Sequentially list condit		b. OUE TO	(OR AS A	CONSEC	UENCE OF):		KA	4	BNI	, ,	211100	416	-	10-12da
if any, leading to imme cause. Enter UNDERLY		A.	TRIA	, ,	-10 R	111.0	+ 714	A/							
CAUSE (Disease or Injuthat initieted events	ury				UENCE OF		. ,,,,								
resulting in deeth) LAS	ST	d													
PART II. Other significa	ent condition	ona contributing to	deeth b	ut not r	esultina li	n the u	nderivin	n cauee o	given in	Part I.	24e, WA	S AN AUTOPS	Y 2	4b. WEF	RE AUTOPSY FINDINGS
14)		Sided C						cid			PER	RFORMED?		AWA	ILABLE PRIOR TO IPLETION DF CAUSE
											1 YE	S 2 NO			DEATH?
														1 [YES 2 NO
25. WAS CASE REFERRED T	TO MEDICAL							LACE OF D	EATH (C	heck only o	ne)				
1 YES 2 PNO		HOSPITAL:	ER/Outp	ontient 3	□ DOA	OTHE 4 Nu		e 5 🗆 Re	eeldence	8 🗆 Oth	er (Specify))			
27. MANNER OF OEATH	-3-3	28s. DATE OF (Month, E			28b. TIME INJU		28c. IN.	URY AT		28d. OE	SCRIBE H	OW INJURY C	CCURED		
1 Netural 5 🗌 2 🔝 Accident	Pending Investigation					М		YES 2	NO						
3 Suicide 8	Could not be	28e. PLACE 0 building,	F INJURY etc. (Spec	- At ho	me, farm, a	treet, tec	ctory, offic	•			cation (St or Town, S	treet end Numb State)	per or Rura	I Route	Number,

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known 2 MEDICAL EXAMINER: On the basis of e

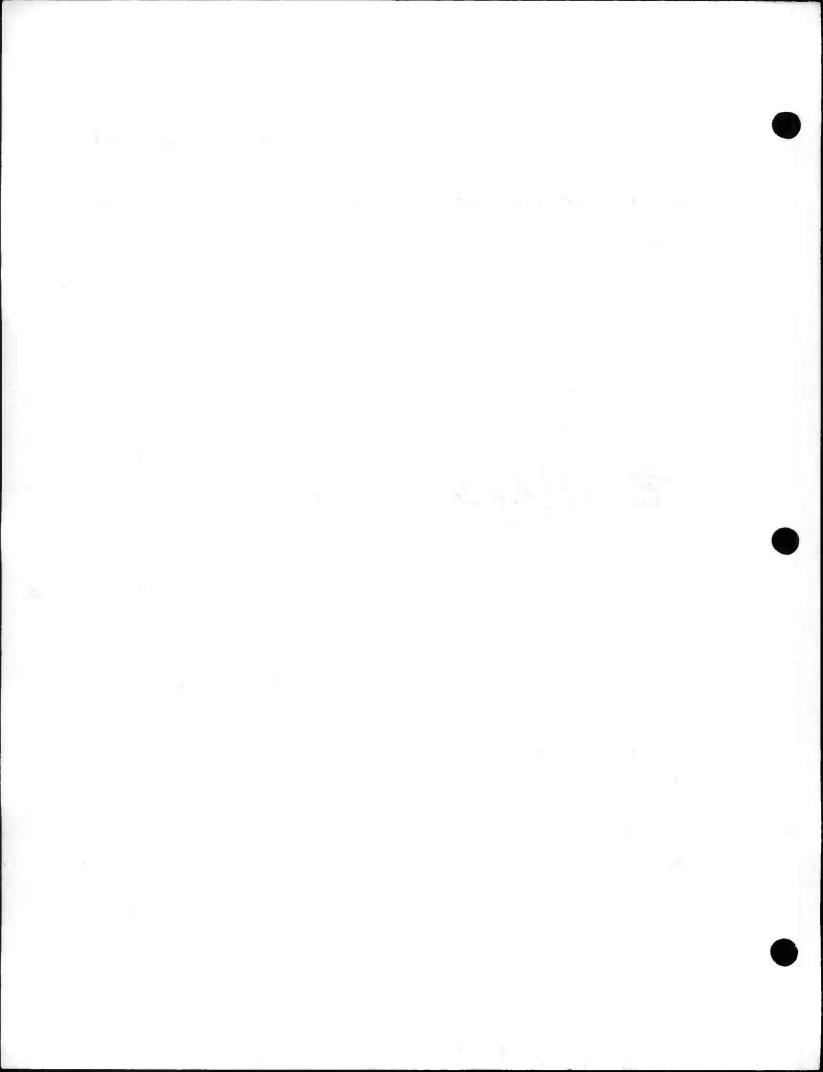
29d. OATE SIGNEO (Month, Day, Year)

6/21/90 MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LICEISTANAMURTH

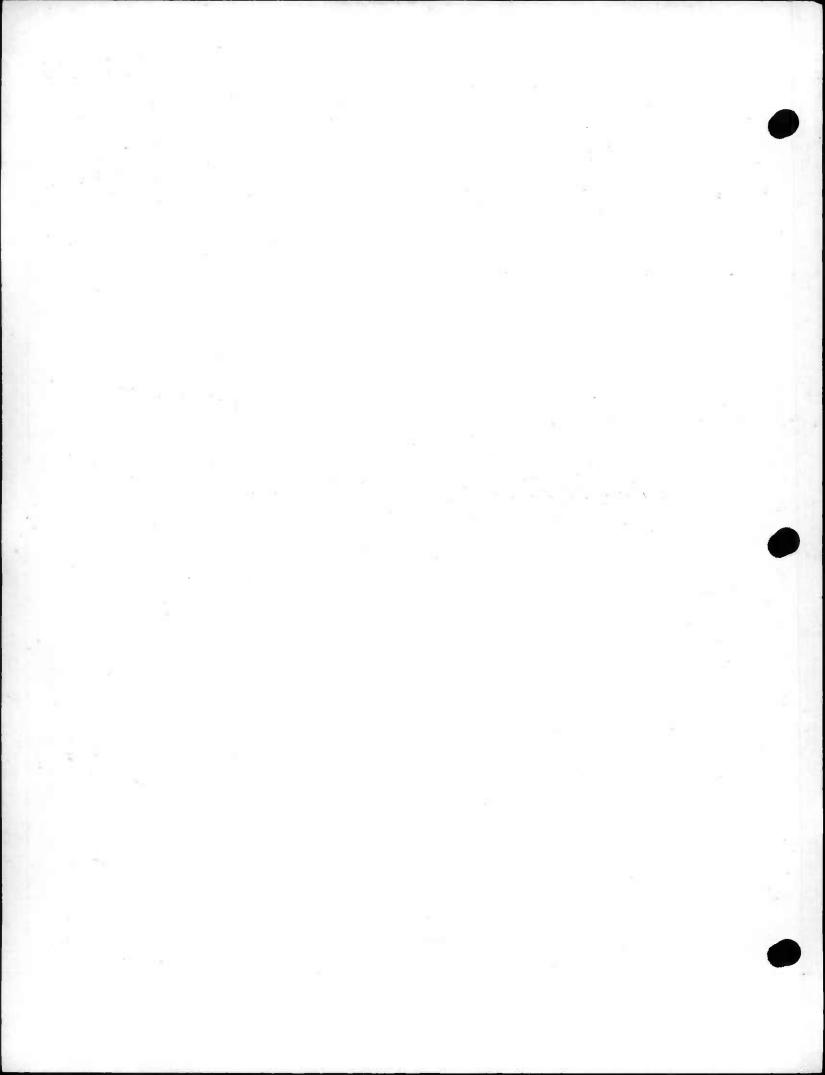
115 CENTERWAY July Davidson Randall JUN 25 90

CREENRELE , MD.



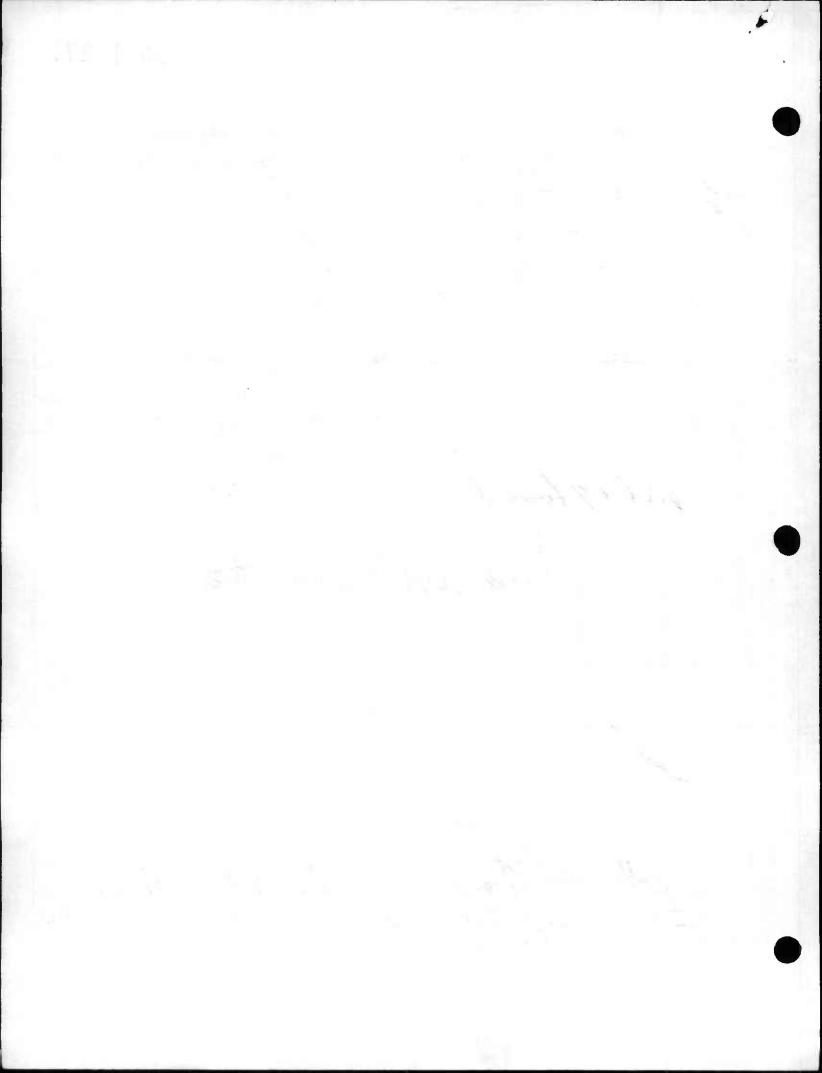
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, La Box box		CERTIFICA	TE OF DEATH	REG. N	0.	
Bahr. has	A190		The same of the sa	2. DATE OF DEATH MONTH	DAY _YEA	3. TIME OF DEATH
7 7				2	8 90	
4. SOCIAL SECURITY NUMBER /	5. SEX 8. AGE	(in yrs. last birthday) IF UN YRS.		7. DATE OF BIRTN (Month, Day, Ybar)	1 -	DUNTRY) A A A A
O PROBLEM MARKET CH A law that a law at			0 12	2 8	90	MITTHE
9a. FACILITY NAME (If not institution, git		96. 0	TY, TOWH OR LOCATION OF D	EATN	9c. COUNTY	
PRINCE OF DESEDENT	ges Hosp Ct	2	Chevery		1-0	•
10a_STATE 10b, COU	INTY		N OR LOCATION			10d. INSIDE CITY
Md	P6.	Ri	verdole			1 X YES 2 NO
10e. STREET AND NUMBER	1 1		10f. ZIP CODE			OF WHAT COUNTRY?
	Ave. Apt 1			0737		15
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	 WAS DECENDENT OF NISPA If yes, specify Cuban, Maxic 		fea or No— 14. I	RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 YES 2 NO Speci	ly:		specify: Black
15. DECEDENT'S E	EDUCATION	16a. DECEDENT'S USUAI		16b. KIND OF E	USINESS/INDUSTI	TY .
. (Specify only highest gr Elementary/Secondary (0-12)	rade completed) College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	one during most of working od.)			
17. FATNER'S NAME (First, Middle, Last)				AME (First, Middle, Meid		
Not give	'n		Kimb	erly Bri	deeforo	{
19a. INFORMANT'S NAME (Type/Print)			IESS (Street and Number or Rural	Route Number, City or 1	own, State, Zip Code	9)
med reco		PGH	_		And the second	
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 F	Removal from State /	other place)	(Name of cemetery, crematory or		LOCATION — City	
4 □ Donation 5 ◯ Other (Specify) _		PGF	22. NAME AND ADDRESS OF F		reverly	, Ma.
C VI ODO	24		22. NAME AND ADDRESS OF F	ACILITY		
No the	ue o)	ГОП			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	U.		hon realised	2 reubar	<i>x</i>	
Sequentially hat conditions.	DUE TO (OR AS	A CONSEQUENCE OF):				
If any, landing to immediate	1					
If any, landing to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	cDUE TO (OR AS	A CONSEQUENCE OF:				
If any, lasding to immediate cause. Enter UNDERLYING	CDUE TO (OR AS	A CONSEQUENCE OF):				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF):				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d		s undarfylng cause given le	PERF	AN AUTOPSY ORMED? 250 HO	AVAILABLE PRIOR TO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d			PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the condi	dtitions contributing to death	but not resulting in the	26. PLACE OF DEATN (C	PERF 1 YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the condi	d	but not resulting in the	26. PLACE OF DEATN (C HER: Nursing Nome 5 Residence	PERIF	2000ANO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the cause of the condition of the cause of	dtitions contributing to death	but not resulting in the	26. PLACE OF DEATN (CHER: Nursing Nome 5 Residence 28c. INJURY AT WORK?	PERF 1 YES	2000ANO	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other algnificant conditions to the condition of the condition of the cause of	d	but not resulting in the	26. PLACE OF DEATN (C HER: Nursing Nome 5	PERIF 1 YES heck only one) 8 Other (Specify) 28d, DESCRIBE NO	W INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other algnificant conditions to the condition of the condition of the condition of the cause of the caus	d	but not resulting in the	26. PLACE OF DEATN (C HER: Nursing Nome 5	PERIF	W INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are algorithms and the conditions are algorithms. 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigati 3 Suicide 6 Could not determine.	HOSPITAL: 1 Inpetient 2/ ER/Out (Morith, Day, Vear) 28e. PLACE OF INJURY (Morith, Dely, Vear)	but not resulting in the	26. PLACE OF DEATN (C) HER: Nursing Name 5	PERIF 1 YES heck only one) 8 Other (Specify) 28d, DESCRIBE NO 28f, LOCATION (Street, Street, INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are algorithms and the conditions are algorithms are algorithms. 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigati 3 Suicide 6 Could not detarmine. 29a. CERTIFIER (Check only) 1 CERTIFYING PI	d	but not resulting in the	26. PLACE OF DEATN (C HER: Nursing Nome 5	PERIF 1 YES Neck only one) 8 Other (Specify) 28d, DESCRIBE NO 28f, LOCATION (Street, Street, INJURY OCCURE et and Number or R	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other algnificant conditions are always and the conditions are always and the conditions are always are alw	d. HOSPITAL: ER/Ou	but not resulting in the	26. PLACE OF DEATN (CHER: Nursing Nome 5 Residence 28c. INJURY AT WORK? A 1 YES 2 NO factory, office the time, data and place, and du my opinion, death occured at the	PERF 1 YES heck only one) 8 Other (Specify) 26d, DESCRIBE NO 26f, LOCATION (Streetly or Town, Streetly INJURY OCCURE et and Number or R ite) manner as stated. and due to the ca	AMAILABLE PRIVOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are algorithms and the conditions are algorithms are algorithms. 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigati 3 Suicide 6 Could not detarmine. 29a. CERTIFIER (Check only) 1 CERTIFYING PI	d. HOSPITAL: ER/Ou	but not resulting in the	26. PLACE OF DEATN (C HER: Nursing Nome 5	PERF 1 YES heck only one) 8 Other (Specify) 26d, DESCRIBE NO 26f, LOCATION (Streetly or Town, Streetly INJURY OCCURE et and Number or R ite) manner as stated. and due to the ca	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D ural Roule Number,	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other algnificant conditions to the conditions of the con	d	but not resulting in the repetition of the resulting in the repetition of the resulting in the repetition of the resulting in	26. PLACE OF DEATN (Content of the time, data and place, and dumy opinion, death occured at the content of the time, data and place, and dumy opinion, death occured at the content of the content of the content of the time, data and place, and dumy opinion, death occured at the content of th	PERIF 1 YES Neck only one) 8 Other (Specify) 28d, DESCRIBE NO 28f, LOCATION (Streetly or Town, Streetly JURY OCCURE et and Number or R ite) manner as stated. and due to the ca	AMAILABLE PRIVOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the condi	d	but not resulting in the repetition of the resulting in the repetition of the resulting in the repetition of the resulting in	26. PLACE OF DEATN (Contents) 1	PERIF 1 YES heck only one) 8 Other (Specify) 28d, DESCRIBE NO 28f, LOCATION (Streetly or Town, Streetly JURY OCCURE et and Number or R ite) manner as stated. and due to the ca	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N	



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
GEORGE BREZA		JUNE 17,

	1. DECEDENT'S NAME (First,	Middle, Last)	<u></u>							2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH
	GEORGE B	REZA								JUNE	17,	199	O	5:45A M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D	BIRTH		6. BIRTH	IPLACE (State or Foreign
	217-62-2	786	1X M 2 - F	84	YRS.	MONTHS	DAYS	HOURS	MIN.			905		NSYLVANIA
	9e. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	TOWN C	R LOCATI	ION OF D	EATH		9c. COU	NTY OF D	DEATH
DIRECTOR	CITIZENS		ING HOM	Œ	-	HA	VRE	DE	GRA	CE		HAF	RFOR	D
2	10a. STATE	10b. COUNTY	'		10c. CIT	Y, TOWN	R LOCAT	ION						10d. INSIDE CITY LIMITS?
	MARYLAND	HA	RFORD		HA	VRE	DE	GRA	ACE					XX YES 2 □ NO
FUNERAL	10e. STREET AND NUMBER							. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
9	CITIZENS	NURSI						2107	78					SA
5	11. MARITAL STATUS 1 Never Married 2	Married		T EVER IN U.S. AI		13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIGIN? (an, Puerto Rici	Specify Yes an, etc.)	or No—	14. RACI Blac	E — American Indien, k, White, etc.
BY	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			1 🗌 YES	2 1200	Specif	ly:			Spec	#y: WHITE
	15. DEC (Specify onl	EDENT'S EDUC y highest grade	CATION completed)	16e. Di	ECEDENT'S Sive kind of Do NOT u	USUAL O	CCUPATIO)N st of worki	ing	16b. KI	ND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (UNKNO)		College (1-4 or 5	+)	RM W					E 7	ARMI	NC		
S	17. FATHER'S NAME (First, M			111	ICII VI	OI(I(.		18. MOT	HER'S NA	AME (First, Mid			_	
	MIKE BR	EZA						AN		LEFCH		,		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
F	PAUL BREZ									HESAL	PEAK	E CI	TY,	MD 21915
	20e. METHOD OF DISPOSIT	n 3 🗆 Rem	oval from State	20b. PLACE	OF DISPO	SITION (No	me of cer	netery, crea	metory or	37		CATION -		
	4 Donation 6 Other		ENSEE	217	VERE				SS OF FA		W.L.	I T IV	IGTO	N, DE
	01	11	/	0			R.	Г. Б	OAR	D FUN	IERA:	L HC	ME	
-	23. PART I. Enter the d	1/3	coce	rl			(CHES	SAPE	AKE (CITY	, MA	RYL	
	shock, or h	eert fellure.	List only one ce	use on each lin	eeth. Do e.	not enter	the mo	ae or ay	ing, euc	on se cardis	c or reap	iratory si	Test,	Approximate Interval Between
	IMMEDIATE CAUSE (Finding disease or condition	nal	Parc	70110	_									Onset and Death
	resulting in death)	7	a. DyE to	IGRAS A CONSE	OUEHCE P	7:	-	0						
z		•	· ale	& CA	/A	-	0	le	m	ent	401			
CERTIFICATION	Sequentially list condit if any, laeding to imme cause. Enter UNDERLY	diete	DUE TO	(OR AS A CONSE	outwee'o	#Jr								
FIC	CAUSE (Disease or Injutational Initiated events		t	OR AS A CONSE	OUENCE O	NF):								
E	resulting in deeth) LAS	T	d.											
	PART II. Other significa	ent condition	s contributing to	death but not	resulting	In the III	nderlyln	a cense	alven In	Part I 2	4a. WAS AN	AUTOREV	24	b. WERE AUTOPSY FINDINGS
MEDICAL	VAIL II. OUT O'GITTO	JAN GONGILLON	obilitioding to	deeth but not	resulting	WI LINE CI	ideriyiii	g couse	given in		PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
										- 1	☐ YES :	2 🗌 NO		OF DEATH?
-							-							1 TES 2 NO
A	25. WAS CASE REFERRED T	O MEDICAL					26. P	ACE OF	DEATH (C	heck only one)				
딩	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R:			6 Other (Specific)		***	
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O	F INJURY	26b. Till		26c. IN.	URY AT	1001001100	28d. DESCI		INJURY O	CCURED	
ВУР	1 Neturat 6 2 Accident	Pending Investigation	(Month,	Day, Year)		M		YES 2	□ NO					
8		Could not be	28e. PLACE (OF INJURY — At h , etc. (Specify)	ome, farm,	street, fec	tory, offic	•			ION (Street Town, State		er or Rurel	Route Number,
1	AN CENTIFIED					- 100								
COMPL	(Check only		R: On the best of											(e) end menner ee stated.
BE C	296. SIGNATURE AND TITLE	OF CERTIFIE	04					29c/bl(ENSE NU	IMBER)	29d. DA	TE SIGNE	O (Month, Dey, Year)
5	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	JSE OF DEATH (IT	EM 27) (7/2)	a. Print)	_	1	12	170			9/10	1140
	John	D. Y	un	319	5.		U10-	J /	Ave	- H	AVR	e d	le	Crae MD
	31. DATE FILED (Month, Day,			AR'S SIGNATURE									0 == -	
	JUN 20'	J U	Gulia Da	widson-As	ndell									



DHMH-16 Rev 1/89

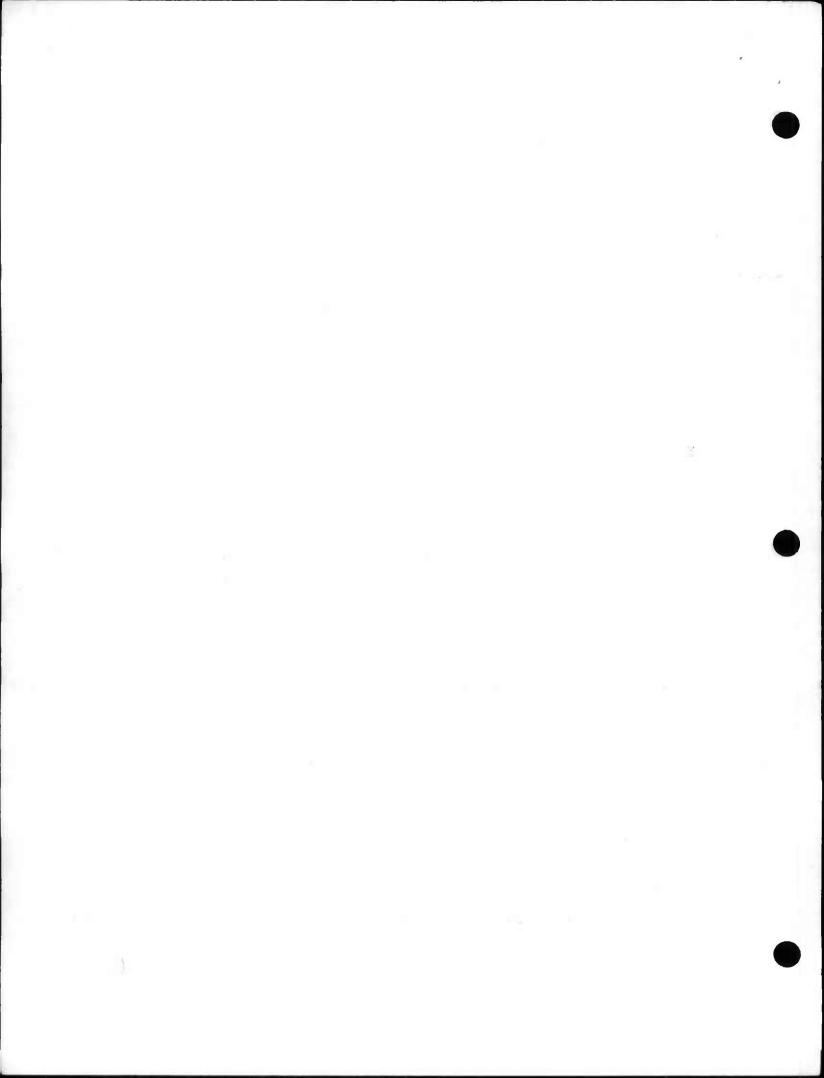
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR					ENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH	Α
	Elsie Mae Bryd							06 1	1	1990	2:30	М
		SEFEMALES. AGE (In)	yrs. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	22	Country)		gn
	9e. FACILITY NAME (If not institution, give street			9b. CITY,	TOWN 0	R LOCATIO		lug 17, 19		Mary NTY OF DE		
e B B	The Kent & Queen An	ne's Hospita	al Inc.	Ch	est	ertow	vn		Ke	ent		
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY	
DIRECTOR	Maryland Kent		Ro	ck Ha	111						LIMITS?	0
FUNERAL	100. STREET AND NUMBER RFD Piney N	leck			101	ZIP CODE	661			IZEN OF WI	AT COUNTRY?	
Y FUN	1 Never Merried 2 Merried	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2XXNO	- 1	f yes, spe		n, Mexicen	C ORIGIN? (Specify Yea , Puarto Ricen, etc.)	or No	14, RACE Bleck, Specify	American Indien, White, etc.	•
D BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION	ON I	NO 6a. DECEDENT'S	LIGHAL OF	COMPATIC	NA.		NO 16b. KIND OF BUS	INECC/INI	DIJETRY	white	-
ETE	(Specify only highest grade com		(Give kind of life. Do NOT u.	work done o	during mo	at of workin	g	160, KIND OF BUS	ME99/INL	JUSTRY		
COMPLETED	12	diege (1-2 di 5 1)	Garmen	t Fac	tor	y Wor	ker					
S	17. FATHER'S NAME (First, Middle, Last)	es Gears				18. MOTH		E (First, Middle, Maiden	-			
BE	19a. INFORMANT'S NAME (Type/Print)	es Geals	19b. MAILING	ADDRESS	S (Street e	nd Number		rgaret Mo				
5	Robert Bryden		RFD	Pin	ey N	leck		Rock	Hall	, Md.	21661	
	29e METHOD OF DISPOSITION Bur 1 Burtal 2 Cremetion 3 Removal 4 Donetion 4 Other (Specify)	from State Wes	PLACE OF DISPO other place) Sley Cha					1990 20c. LO		11, M		
	21. SIGNATURE OF FINERAL SERVICE LICENS			_		D ADDRES		HITY		ox #		
	* F. WI	Illisti	000	2 J	. W:	illis	Wel				Md. 216	20
	23. PART I Frant the diseases, or com			not antar	tha mo	da of dyi	ng, auch	as cardiac or respi	ratory ar	rest,	Approximate interval Bet	
	IMMEDIATE CAUSE (Final disease or condition					10		[]			Onset and I	Death
	resulting in death) a	DUE TO (OR AS A C	CONSEQUENCE O	/ <i>O</i> (→()F):	cel	(Cir	CE	ollapse			MISUCE	בת
z	b	Prot	oble	le	20	an	dic	21 Frets	erc-	tion	را	
CERTIFICATION	Sequentielly liet conditions, if eny, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE O	PF):	'			0				
FIC	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS A C	ONSEQUENCE O	NF):								
ERT	resulting in death) LAST											
	PART ii. Other algnificent conditione c										WERE AUTOPSY FINI	
DICA	Exogenous obe	sity, R. Ar	turitis	C	usl	likeg	5 र्जद	PERFOR		1	AVAILABLE PRIOR TO COMPLETION DF CA DF OEATH?	
ME	drome							_			1 TYES 2 NO	0
AN	25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF O	EATH (Che	ck only one)				
SICI	EXAMINER?	OSPITAL:	tient 3 E OOA	OTHEI	R:			B Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF JURY	WC	JURY AT ORK?	¬NO	28d, DEŞCRIBE HOW I	NJURY OC	CURED		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, farm,	street, fac			110	281. LOCATION (Street		er or Rural R	oute Number,	
ij	4 Homicide determined	building, etc. (Specify	7)					City or Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	dge, death occur	red at the 1	time, date	and place	, and due	to the cause(a) end me	nner as at	eted.		
SON	one) 2 MEDICAL EXAMINER: 0											ited.
H	296. SIGNATURE AND TYPLE OF CERTIFIER A COUNTY	Rem				29c. LICI	ENSE NUM	BER	29d. DA	6/12	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	ELLLE COMPLETED CAUSE OF DEAT MANN 32. REGISTRAR'S SIGNA' Fulia Davidso	TH (ITEM 27) (Typ	e, Print)	七月	ZLDO	17	CHESTE	SRI	OCIR	, nd	
/	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGNAT	TURE Pandal	2						•		
0	I JIM I Z JU	70000000000										



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CI	ERTIF	ICATE O	DEATH	MENTAL	REG. NO.	•		
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF	F DEATH DAY	· -	YEAR	3. TIME OF DEATH
Arth	ur A.	Brooks					June	14,	1990	Tiestre.	3:30 a H
4. SOCIAL SECURITY NUMB 216 22 8879		5. SEX 1 M 2 _ F	a. AGE (In yrs. les	YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF (Month, D	BIRTH Day, Year) 18,19	28	Countr	PLACE (State or Foreign ryland
9a. FACILITY NAME (If not in: Howard Cou	inty Ge		ospital			OR LOCATION OF DI	EATH		9c. COUN	or of o	EATH
RESIDENCE OF DEC 10a. STATE Maryland	10b. COUNTY HOWAT	ď			y, TOWN OR LOC 111cott						10d. INSIDE CITY LIMITS? X 1 YES 2 NO
100. STREET AND NUMBER 4029 Chat	them Po	ad			1	21043				ZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Divo	Merried	12. WAS DECEDEN	T EVER IN U.S. AF YES 2 UAR OR DATES		If yes,	ECENDENT OF HISPAI specify Cuben, Mexics ES 2 NO Specif	en, Puerto Ric			14. RACE	— American Indian, c, White, atc.
	EDENT'S EDUCA highest grade of		(G	ive kind of v	vork done during in retired.) employ	most of working	16b. K	Sna	p on		ls
17. FATHER'S NAME (First, M. Thomas Bro						18. MOTHER'S NA	ME (First, Mice Harr	idje, Meiden : 1S	Surname)		
19a. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING	ADDRESS (Street	t end Number or Rural	Route Number	; City or Town	, State, Zip	Code)	
Mrs Carol		ks				Road Ell	Licott				
20a. METHOD OF DISPOSITI	n 3 🗆 Remov	val from State	other p	lace)		cemetery, crematory or			CATION —		
4 Donation 5 Other 21. SIGNATURE OF FUNERA		NSEE	_ Drui	ld Ri	dge Cem	AND ADDRESS OF FA	MCILITY	Ріке	SV11	re,	Maryland
→ Harre		1 0	e		Har	ry H Witz	zke Fu				
23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure. L	lst only one car	use on each line	в.		NFA-RC		10	ratory sir		Approximate interval Between Onset end Death 2 day
Sequantially list conditions, leading to immacause. Enter UNDERLYI CAUSE (Disease or injusts initiated events resulting in death) LAS	diata ING iry c.		(OR AS A CONSE								
PART II. Other significa	ROKE	contributing to	dasth but not	resulting	In the underly	ing cauaa given in		PERFOR	MED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 15 NO
25. WAS CASE REFERRED T EXAMINER?		HQSPITAL:			26. OTHER:	PLACE OF DEATH (C	heck only one)				
	Pending	1 Sinpatient 2	ER/Outpetient :	28b. TIN	4 Nursing H	NJURY AT WORK?	7	(Specify)	NJURY OC	CURED	
3 Suicide 6	Investigation Could not be determined	26e. PLACE (building	OF INJURY — At h	ome, farm,	street, factory, of	ffice	281. LOCAT City or	TION (Street e Town, State)	and Number	or Rural	Route Number,
Constant Drift						ate and place, and du					a) and manner as stated.
B. Oel	land)	·				D - 3	3469		•	61	(Month, Day, Year) 14/90.
N. VELLAN	K1: 9	055, Ct	PENROLE	TPF	2:0€: #	-101, EL	Licott	cit	۲٠.	MD.	21043.
31. DATE FILED (Month, Day,	*4 '90	32. REGISTA	AR'S SIGNATURE	n-Pan	dell						

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Net es 1984, S. Sec.

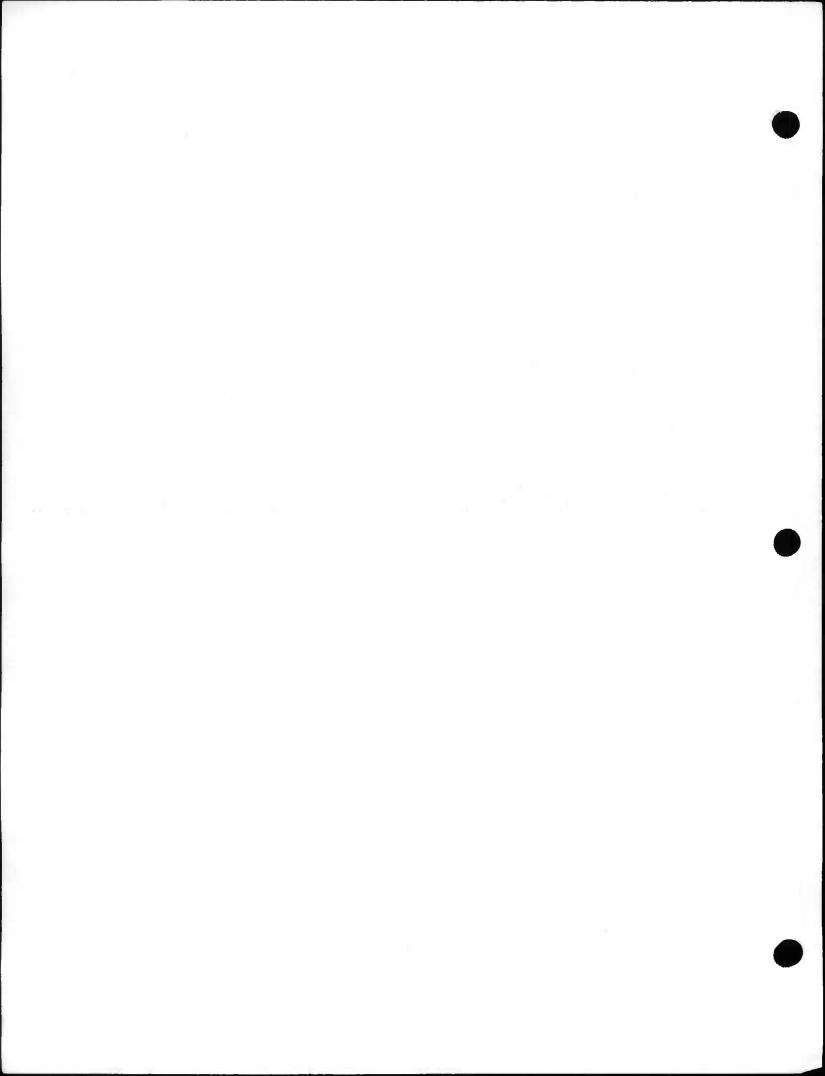
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about the description of the des

IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF N			ICATE C			MENIAL N	EG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DEATH			3. TIME OF DEATH
	Vincent	Joseph			BUSC	EMI		JUN	£ 1		YEAR	1038 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF B	HTRIC		6. BIRTH	PLACE (State or Foreign
	050 50 5000	1 G M 2 🗆 F	36	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Par 06/0	6754		Rroc	oklyn N.Y.
	052-52-5298 9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOV	N OR LOCATI	ON OF DE				NTY OF DE	
DIRECTOR	Peninsula General	Hospital	L			sbury					Vicon	
[[[RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION					1	10d. INSIDE CITY
<u> </u>					risfie						- 1	LIMITS? 1 _YES 2 _ NO
	Md SOITE 10e. STREET AND NUMBER	erset			risiie	10f. ZIP COD	E			10a CITI	ZEN OF W	HAT COUNTRY?
FUNERAL						218					U.S.A	
쀨	25 Main St.	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS			IIC ORIGIN? (Si	pecify Yes			
립	1 Naver Married 2 Married	FORCES? 1	YES 2 X	10	If yes	specify Cube	n, Maxica	n, Puerto Ricar				— American Indian, , White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W	MH OH DATES		_ ' _	res 2 🙀 No	Specin	/:			Specif	nite
<u>a</u>	15, DECEDENT'S ED		16a. DE	CEDENT'S	USUAL OCCUP	ATION	=	16b. KIN	D OF BUS	SINESS/INC		
ᇤ	(Specify only highest grad Elamentery/Secondery (0-12)	College (1-4 or 5 :	ille.	Do NOT u	work done during se retired.)	most or workii	ng					
릴	12Yrs.	4Yrs.	E1	lectr	rieal			Aer	to- S	Space	Cor	p.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			100		18. MOT	HER'S NA	ME (First, Middl	le, Maiden	Surnama)		
BE	Michael Angelo	Buscemi				Jo	seph	nine Bo	nura	a Bus	cemi	
인	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Str						Code)	
F	Michael Angelo	Buscemi		110 E	. Driv	e Copi	aque	N.Y.				
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Rec	moval from State	20b. PLACE other pi	OF DISPO	SITION (Name o	cemetery, crer	matory or			CATION —		
	4 Donation 5 Other (Specify)		- St	. Cha	arles C				Pir	nelaw	n Ne	w York
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	75			AND ADDRE						
	HAGM H	below	uf					eral Ho		shur	v Ma	ryland 2180
	23 PART I Enter the diseases of	complications the	caused the de	eath. Do								Approximete
	shock, or heert failure											interval Between Onset end Death
	iMMEDIATE CAUSE (Final disease or condition	e. Rest	ca to	14	7011	10.00						1646
	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE C)F):	01.6						1
-												/ WK
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate		OR AS A CONSE									
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury		infe									Unknown
ᄪ	that initiated events	DUE TO	(OR AS A CONSE	OUENCE C	OF);							
E	resulting in deeth) LAST	d										
	PART II. Other significent condition	ons contributing to	deeth but not i	resulting	in the under	ying cause	given in	Part I. 24		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
JICAL	preumo the	~~~							PERFOR	-		AVAILABLE PRIOR TO COMPLETION DF CAUSE
1 111 1								— ''l	YES 2	NO		OF DEATH?
Σ												1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	. PLACE OF E	DEATH (Ch	eck only one)				
딣	EXAMINER? 1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:			6 Other (Sc	200(64)			
¥	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. Til	ME OF 28c	INJURY AT	amounca	28d, DESCRI		INJURY OC	CURED	
	1 Natural 5 Pending	(Month, D	Day, Year)	IN	JURY	WORK? YES 2	NO					
ВУ	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE C	OF INJURY — At he	ome, farm,				28f. LOCATIO	ON (Street	and Number	r or Rursl F	Route Number,
COMPLETED	4 Homicide detarmined	building,	atc. (Specify)					City or To	own, Stata))		
<u>"</u>	29a, CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge de	ath occur	red at the time	data and place	e and due	to the course/s	e) and me	nner ee ete	ted	
₽ I	CONSUM STATE OF THE STATE OF TH) and manner se stated.
8	29b. SIGNATURE AND TITLE OF CERTIFI						ENSE NU					
B	Della and						221					(Month, Day, Year)
2	30. NAME AND ADDRESS OF PAREDN W	/HO COMPLETED CALL	SE OF DEATH (ITE	M 27) (7/m	e. Print)	IV.		00		, ,	- /	1) // /*
	Ų					M	err1 e-	nd 2190	0.1			
	William J. Nage 31. DATE FILED (Month, Day, Year)	32. REGISTRA	roll S	S	arisbur	y, mai	гута	11u Z 10	0 1			
6	JUN 1 8 90	gulia	AR'S SIGNATURE	Panda	22							
4												

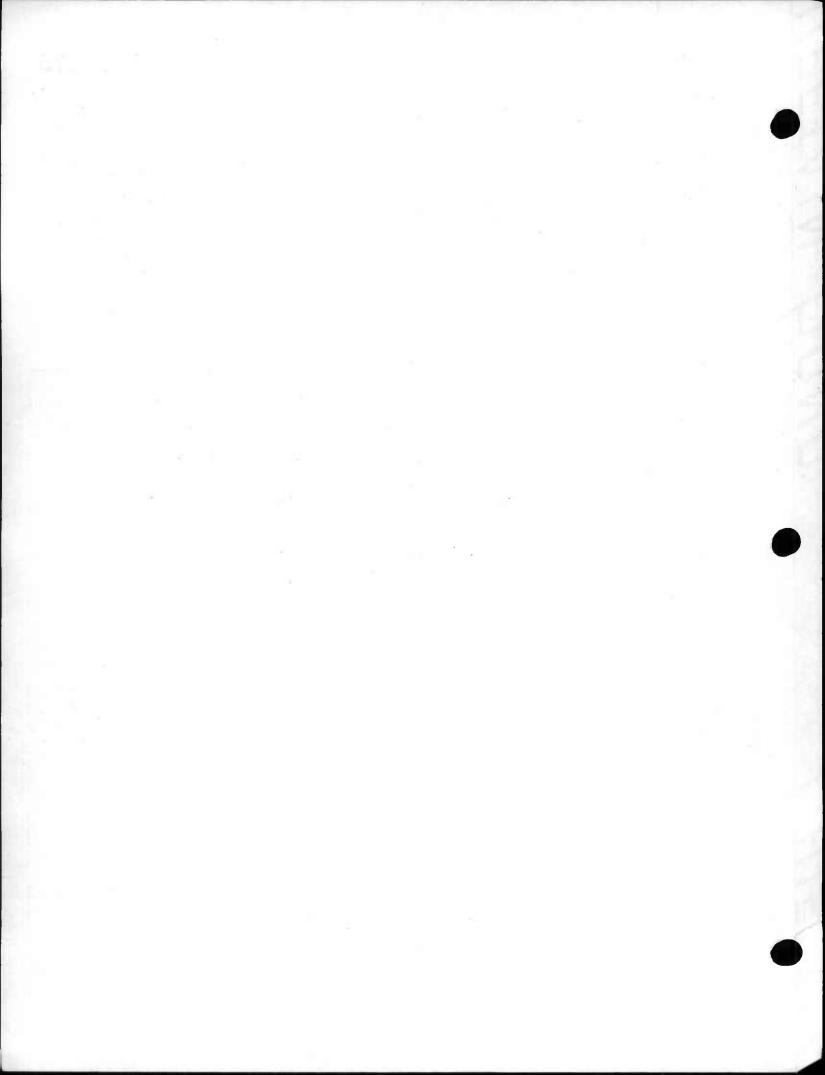


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN
REGISTRAR	CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	SIAIE UT W		RTIF	CATE O			MENIAL	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEA	тн
IRENE PENUE	EL BEN	ISON					MONTH 6	Î.	5	90	10:50	Ам
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR			7. DATE	OF BIRTH		8. BIRTH Countr	PLACE (State or I	Foreign
214-10-7797	1 □ M 2 😡 F	83	YRS.	MONTHS DAYS	HOURS	MIN.	12-	29-19	06		" laware	
9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOW	OR LOCATION	ON OF OR	ATH		9c. COU	NTY OF D		
SALISBURY NURSING	HOME			SALIS	BURY,	MD.		7	WICC	MICO		
10a. STATE 10b. COUNT	Y		10c. CITY	, TOWN OR LO	CATION						10d. INSIDE CIT	γ
Maryland Wi	comico		S	elisb	ury						1 XYES 2	NO [
10e. STREET AND NUMBER					10f. ZIP CODI	E			10g. CIT	ZEN OF V	VHAT COUNTRY?	
140 Truitt St.					218	01				USA		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced		T EVER IN U.S. ARI YES 2 N AR OR DATES		If yes,	ECENDENT C specify Cuba ES 2 X NO	n, Mexica	n, Puerto F	? (Specify Yea o	or No	14. RACE Black Speci	- American Inc. k, White, elc.	llen,
15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S	USUAL OCCUPA	TION most of working	107	16b.	KINO OF BUSI	NESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	nema	rork done during retired.) ker		.9		own h	ome	:		
17. FATHER'S NAME (First, Middle, Last)					18, MOT	HER'S NA	ME (First, A	fiddle, Maiden S	urneme)			
John J. Penuel								ewing				
19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	AODRESS (Street								
Faye B. Nock	<	3	15 E	. Mar	ket S	t,	Snow	Hill	, M	lary!	land 2	1863
20e. METHOD OF OISPOSITION 1 (X Buriel 2 Def) matter 3 - Rem		20b. PLACE C	OF DISPOS	SITION (Name of	cemetery, crer	natory or		20c. LOC	ATION -	City or To	wn, State	
4 Donellon /5/ Other (Specify)		Wico	nico	Memo	rial	Par	k	Sal	isb	ury	, Md.	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	_	22. NAME	AND ADDRE	SS OF FA	CILITY					
Duald (Frauer	10		Bou	nds F	une	ral	Home,	Sa	list	oury.	Md.
23 PART I. Enter the diseases, of shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	e	ise on each line.	DUENCE OF	ery Juno	0			-	_		Approxitinterval Onset et	Between
PART II. Other eignificent condition	na contributing to	deeth but not re	eaulting I	in the underly	ring couse	given in	Part I.	24a, WAS AN A PERFORM	WED?	245	AVAILABLE PRIO COMPLETION OF OF DEATH?	R TO CAUSE
			_				- 1				1 - YES 2/5	NO
25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF D	EATH (Ch	eck only on	10)				-
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:								
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c.	INJURY AT WORK?	NO NO	,	SCRIBE HOW IN	JURY O	CURED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE 0 building,	PF INJURY — Al ho atc. (Specify)	me, ferm,:	street, factory, o	ffice			ATION (Street er or Town, State)	nd Numbe	er or Rural	Route Number,	
CONSTRUCTION TO THE STATE OF TH	ICIAN: To the best of ER: On the beale of e										e) end menner ed	stated.
296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	Speak	SE OF DEATH (ITE	W 27) (Time	Print)	29c. LIC	ENSE NU	MBER		29d. DA	LE SIGNED	(Month, Day, Yes	r)
					עמוזמי	MD	210	0.1				
MARK SPEAKE, M.D. 31. DATE FILED (Month, Dex, Year)	32. REGISTRA	& CIVIC		, SALIS	JUNI,	riD •	210	OT				



	h, Lant)	1.5	THE TOXIL	OF DEATH	MONTH	1.0		EAR:	TIME OF DEATH
CARL U	BROWN S. SEX	6. AGE (In yes, heat by	The second secon	CONTRACTOR OF THE PARTY OF THE	7. DATE O		9	BIRTHPLA	CE (Statu or Foreign
214-26-1700	1X42 0F	63	YRS. MONTHS	DAYS HOURS MIN.	9	124/2		lary1	and
Su. PACILITY NAME IF nor institute Lawford M. RESIDENCE OF DECEDE	marialHa	ofai.		TOWN OF LOCATION OF S			BE COUNTY Hay	OF DEAT	,
10s. STATE 10b.	COUNTY	/	10s. CITY, TOWN O	R LOCATION				100	I. INSIDE CITY
Maryland H	arford	1	Havre de	Grace				×	X YES 2 □ NO
10s. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
920 Elizabeth				21078	A A A A A A A A A A A A A A A A A A A		U.S.	-	
11. MARITAL STATUS 1 Never Married 2XXMarri	ed FORCES? 1 if YES, GIVE W	YES 2 NO		WAS DECENDENT OF HISPY I yes, specify Cuban, Mexic	on, Puerto R		or No 14.	Block, W	American Indian, hite, etc.
3 Widowed 4 Divorced	9/5/45-1	1/26/46	1.7	X YES 2 NO Spec	etyc:			Specify: B	lack
15. DECEDEN	T'S EDUCATION est grade completed)	Me. DECE	EDENT'S USUAL OC	CUPATION	160.	KIND OF BUS	MESS/INDUST		
Elementary/Secondary (0-12)	College (1-4 or 5+	100		turing most of working					
12	2 yrs.	Civ	il Servi			chanic			
17. FATHER'S NAME (FIN), ANOTHE				18. MOTHER'S N	IAME (First, A	Bickship, Affaichur 2	lumame)		
Walter F. Br		1-3	MAR DIO ADDRESS	Mamie K			for T. C.	40	
Dorothy M. Br	1000	1000		(Street and Number or Rura		Carlotte and Carlotte and Carlotte			
				beth Street			race,		
20s. METHOD OF DISPOSITION 1-CF Burlsi 2 ☐ Cremation 3 4 ☐ Donation 5 ☐-Other (Spec		coldinar exhause	Inited &	2					-
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OLFER, M.D.

Julia Davidson-Randalle

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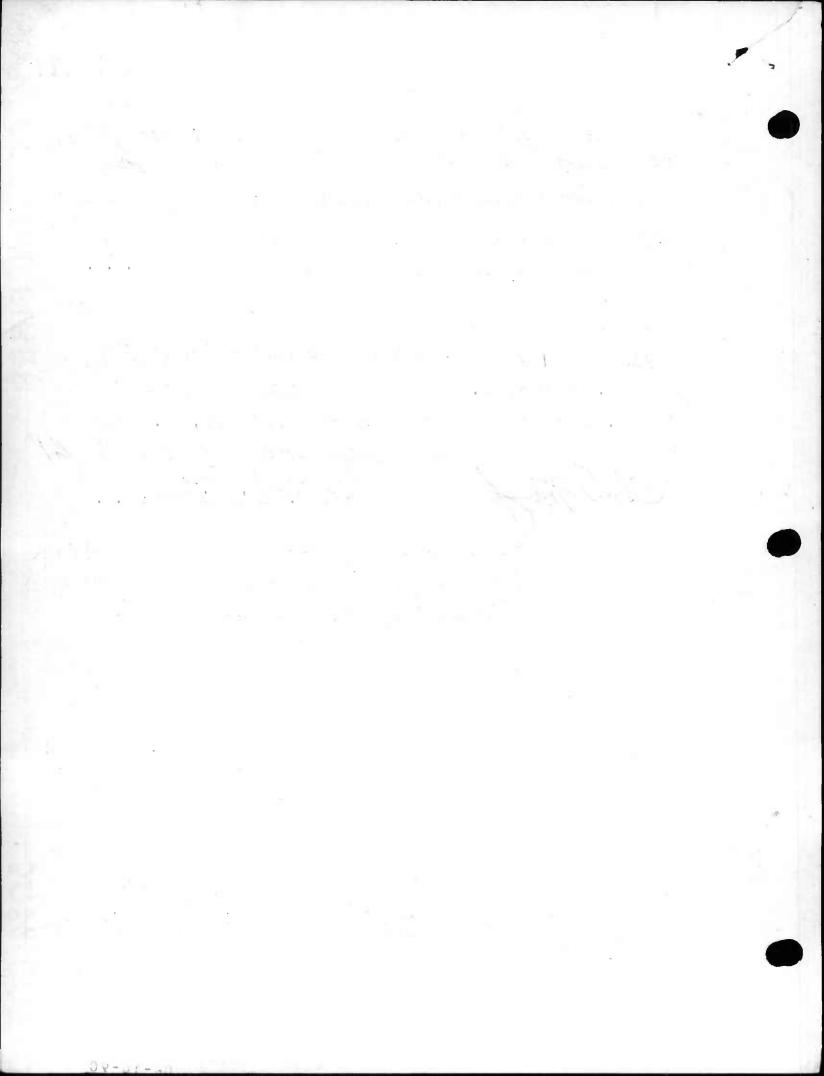
MPO THI	C C X 5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH A	AND	MENTAL	HYGIENE
		CERTIFICATE	OF	DEAT	H		REG. NO.

	AL HYGIENE REG. NO.	MENT OF HEALTH AND MEN		STATE OF MARY	FOR STATE REGISTRAR					
OF DEATH	te of Death DAY 1990 4		a BAER	Loretta	1. DECEDENT'S NAME (First, Middle, Last) ALMA					
Standy Foreign	E OF BIRTH nth, Day, Year) - 2 - 15	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. E MONTHS DAYS HOURS MIN.	GE (In yrs. last birthday) 75 YRS.	SEX 6. AGE	001 000					
_	9c. COUNTY OF DEATH CARROLL	96. CITY, TOWN OR LOCATION OF DEATH WESTMINSTER	Hospital	and number)	9a. FACILITY NAME (If not institution, give stree ARROLL OUNTER RESIDENCE OF DECEDENT	TOR				
SIDE CITY MITS? 'ES 2 \(\) NO	10d. INSIDE LIMITS 1 X YES	TOWN OR LOCATION IESTMINSTER		ARROLL	10e. STATE 10b. COUNTY	DIRECTOR				
UNTRY?	109. CITIZEN OF WHAT COUNT U.S.A.	101. ZIP CODE 21157	ENUE	DAKY AV	100. STREET AND NUMBER 322 N	FUNERAL				
	Plican, etc.) Black, White, etc.	13. WAS DECENDENT OF HISPANIC O If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify:	ES 2 NO	. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	BY				
n	Social Security Administration	isual occupation ork done during most of working perior of Personnel	(Give kind of the Do NOT up	ON spleted) college /1-4 or 5+)	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementery/Secondery (0-12)	COMPLETED				
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	mber, City or Yown, Statu, Zip Code) ster, Md. 21157	ADDRESS (Street and Number or Rural Route Mary Ave Westmi	19b. MAILING 322		Glenn H. Baer	10 8				
Phot.	Car- your		Dulaney	from State	20e METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Remove 4 Donetion 5 Other (Special)					
	Street Md. 21157 Scher & Son F.H.	"22 MAN LASS OF MAIN Westminster Thomas D. Fie		to	21. SIGNATURE OF PURERAL PERVICE LICEN					
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	PESCRIBE HOW INJURY OCCURED	OF 28c. INJURY AT WORK? M 1 YES 2 NO		28a. DATE OF INJURY (Month, Day, Year)	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	ВУ РНУ				
mber,	OCATION (Street and Number or Rural Route Number ity or Town, State)	treet, factory, office 26	JURY — At home, farm, (Specify)	28e. PLACE OF INJUI building, etc. (S)	3 Suicide 6 Could not be determined					
ienner aa stated.	cause(a) and manner as stated. ate and place, and due to the cause(a) and mann	d at the time, date and place, end due to t n, in my opinion, death occured at the time		_	CONTROL ONLY	COMPLETED				
Day, Year)	29d. DATE SIGNED (Month, Day	29c. LICENSE NUMBER	220	u n	29). SIGNATURE AND TITLE OF CENTER	BE				
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	00000			0	JUN 22 30					

DHMH-16 Rev 1/89





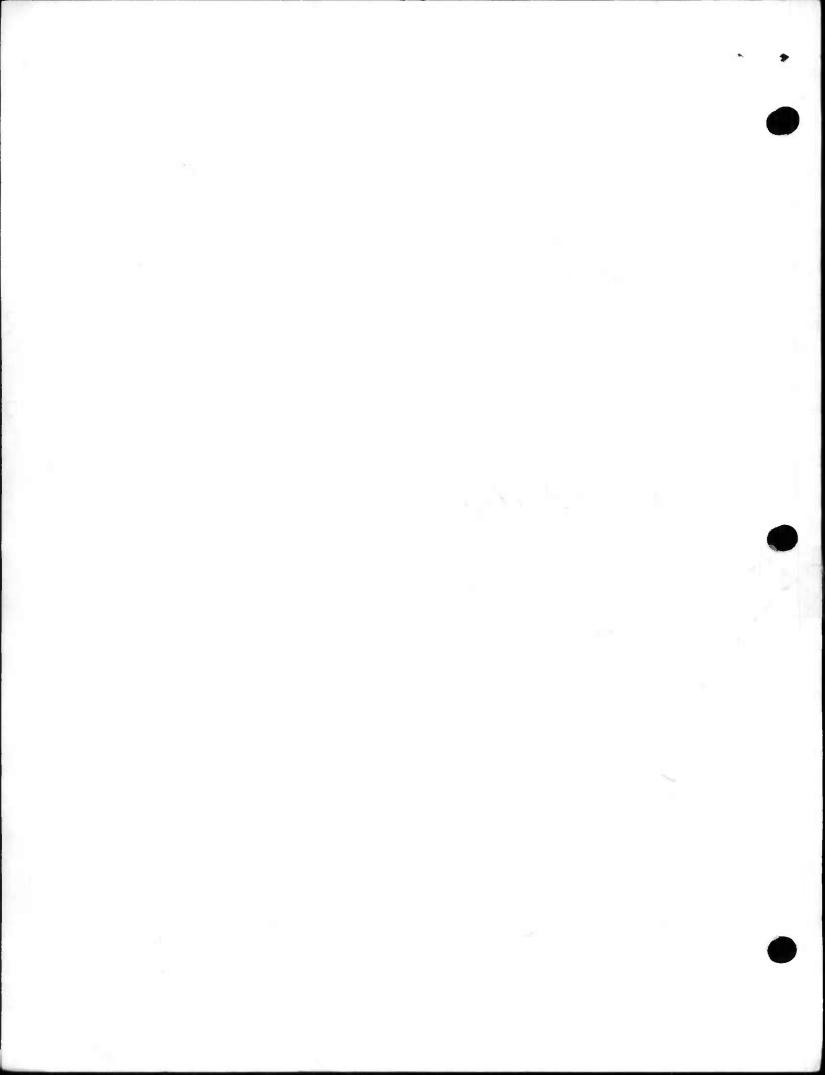
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HE HOSPI	HE FUNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT:
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	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH DA		3. TIME OF DEATH	1
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	4. SOCIAL SECURITY NUMBER		SE (In yrs. last birthday		R IF UNDER 24 HRS.	7, DATE OF	BIRTH	8.	BIRTHPLACE (State or For	
	216 48 4876	1 M 2 F	/ O YRS.	MONTHS DAY	S HOURS MIN.		Day, Year) 1.7 J		Country)	
	9e. FACILITY NAME (if not institution, give	street and number)	42	EATH	/ 4	9c. COUNTY	aryland of DEATH			
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6	(rear) WESTMINSTE	R LIBRARY		WES	TMINSTER			CAR.	ROLL	_
DIRECTOR	10e. STATE 10b. COUNT		10c. C	TY, TOWN OR LO	CATION				10d. INSIDE CITY	
5	Maryland Car	rroll	T	aneytow	n				1 TYES 2 X	90
	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
3	60 Trevanion Ro	oad ·			21787			Unite	d States	
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-		18. MOTHER'S NA					
	Ardel William l	Robertson			Mabel	Fanni	e Hai	.nes		
BE	19e. INFORMANT'S NAME (Type/Print)				et and Number or Rural				de)	
유	Maurice J. Rober	rtson	15 Y	ork Str	eet, Apt#3	3, Tan	eytow	m, MD	21787	
	200. METHOD OF DISPOSITION		20b. PLACE OF DISE	POSITION (Name of	cemetery, crematory or				or Town, State	
	1X Burlel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	Pipe Cr	eek Cem	etery		Lin	wood,	MD	
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BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions. 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 Styres 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation investigation investigation determined	DUE TO (OR A b. ARTERIOS DUE TO (OR A c. Due TO (OR A d. Due TO (OR A	AS A CONSEQUENCE CLEROTIC AS A CONSEQUENCE AS A CONSEQUENCE th but not resulting Outpatient 3 □ DO. Outpatient 3 □ DO. JURY 28b. JURY At home, far (Specify)	CARD TOVE OF): COF):	VASCULAR D September 19 Septem	Dept I. Check only one 8 € Other 28d. DESC	24a. WAS AN PERFOI	N STRF	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2	NDINGS TO :AUSE
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Actident Investigation	DUE TO (OR A b. ARTERIOS DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A	AS A CONSEQUENCE CLEROTIC AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Coutpetient 3 DO. DRY 28b. JURY At home, far (Specify)	CARD TOVE OF: COF): C	VASCULAR D TASCULAR D	Dheck only one 8-© Other 28d. DESC	24a. WAS AN PERFO	N STRF	24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2	NDINGS TO :AUSE VO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Accident No Suicide No S	DUE TO (OR A b. ARTERIOS DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A C. DUE TO (OR A D	AS A CONSEQUENCE CLEROTIC AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Coutpetient 3 DO. DRY 28b. JURY At home, far (Specify)	CARD TOVE OF: COF): C	VASCULAR D Tying ceuse given in B. PLACE OF GEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office date end piece, end du on, death occurad at the	n Part I. Check only one 8 © Other 28d. DESC 28f. LOCA City o	24a. WAS AN PERFO	N STRF	24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2	NDINGS TO :AUSE VO
PHYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Actident Investigation	DUE TO (OR A b. ARTERIOS DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A C. DUE TO (OR A D	AS A CONSEQUENCE CLEROTIC AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Coutpetient 3 DO. DRY 28b. JURY At home, far (Specify)	CARD TOVE OF: COF): C	VASCULAR D TASCULAR D	n Part I. Check only one 8 © Other 28d. DESC 28f. LOCA City o	24a. WAS AN PERFO	N STRF INJURY OCCUI	24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2	NDINGS TO AUSE NO

Penn Street, Baltimore, Maryland, 21201 Mario F. Golle M.D., 111

31. DATE FILED (Month, Day, Year)

JUN 21 '90



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

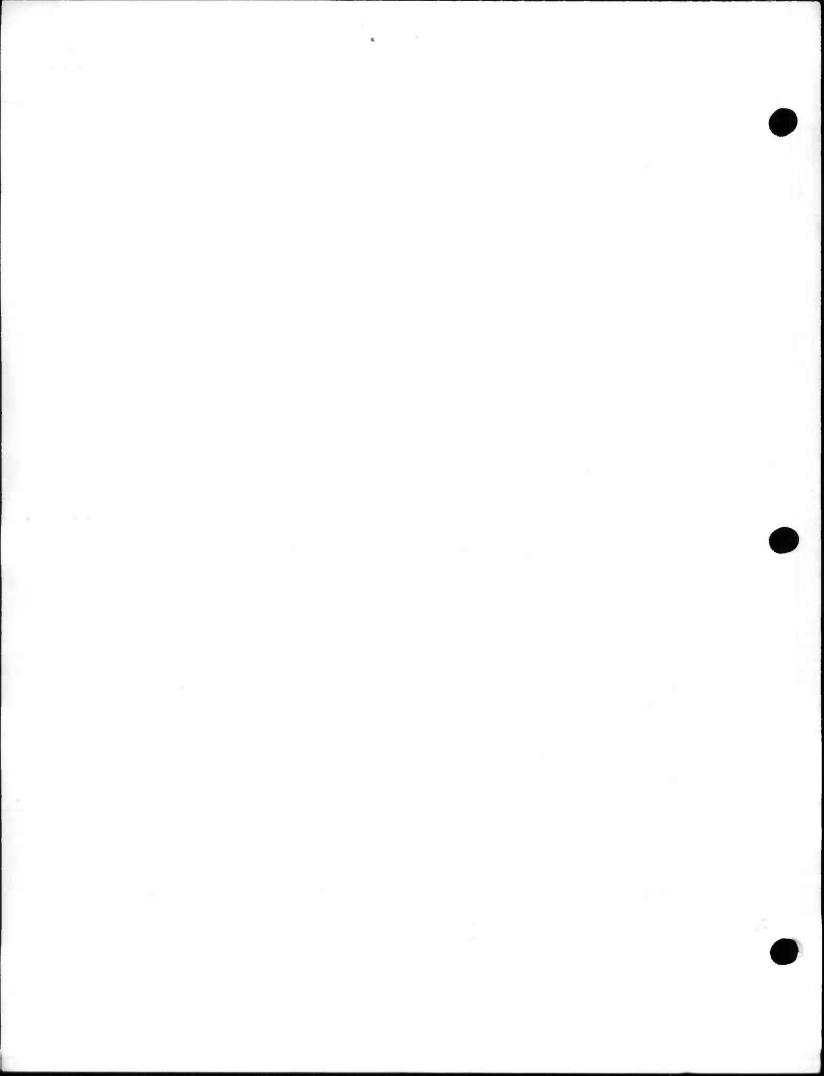
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTR	AR
Г	ı. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
Rita	В. В	ehringe	r		6 13	90		3:26 P M
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
100 10 2020	1 □ M 2 □XX 74	YRS.	ONTHS DAYS			915		falo N.Y.
9a, FACILITY NAME (If not institution, give street		9	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUN	TY OF D	EATH
Memorial Hos	<u>pital</u>		Ea	ston		Ta	1bo	t
10a, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOC	TION				10d. INSIDE CITY
Maryland Talbo	t	St.	MIchae					1 YES 2 NO
100. STREET AND NUMBER 107A Mulberry S				21663			U.S.	NHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 NO Specify		a or No—	14. RACE Black Speci	E — Amarican Indian, k, Whita, atc. '''': White
15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16a. DECEDENT'S US	SUAL OCCUPAT	ION lost of working	16b. KIND OF BU	SINESS/INDU	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use i	retired.)					
12	1	Housewi f	е		Home			
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider			
Alfred O. Bald 190. INFORMANT'S NAME (Type/Print)		405 MAILING A	DDBERR /Comp		ce MxNam		Code	
Charles K. Behr	incer				. Michael			ınd 21663
20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSIT	TON (Name of c	emetery, crematory or	20c. L0	OCATION — C	City or To	own, State
1 Donation 8 Other (Specify)	al from State	other place) Lee Crema	torv		Cl	inton	, Ma	aryland
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME	AND ADDRESS OF FA	CILITY			01000
Danism &	Lane. D				eonard Fu			
23. PART I. Enter the diseases, or co	mplications that caused	the death. Do no						Approximete
shock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	END STAC			MURE				Interval Between Onset and Death
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST		CONSEQUENCE OF):						
PART II. Other significent conditions PROBABLE SEPS	.15	ut not resulting in	the underly	ng ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HEPATO RENAL	CANDROME				- '			1 - YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000			PLACE OF DEATH (C	neck only one)			
	HOSPITAL: 1 by Inpatient 2 - ER/Outp		OTHER: 4 - Nursing H	ome 5 🗌 Residenca	8 Other (Specify)			
27. MANNER OF DEATH 1 Naturat 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY I	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	CURED	
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec		reet, factory, of	fice	28f. LOCATION (Street City or Town, State		or Rural	Route Number,
one)	IAN: To the best of my know							(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	>			D352	MBER 259	29d. DAT	E SIGNE	0 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, I	Print) Dute	annis L	ANE EL	keton	M	0,21601
31. DATE FILED (Month, Day 1990)	32. REGISTRAN'S SIGN				1			



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Phoens after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or liem 23 shows any injury, or other traumalic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	HEGISTHAH		OLIT	HIOAIL	. 01	DEATH	HEG. NO.		
}	1. DECEDENT'S NAME (Flot Middle, Last)	JEAN EL	ZABETI	+ CALI	DWE	LL Well	2. DATE OF DEATH	195	YEAR 3. TIME OF BEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birth	day) IF UNDER	A VEAD	IF UNDER 24 HRS.	7. DATE OF BIRTH	-/-	. BIRTHPLACE (State or Foreign
	218-66-3459	1 M 2 X F	59 YF	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 05-08-193		Country)
	9a, FACILITY NAME (If not institution, give street and number) 9b, CITY_TOWN OR LOCATION OF DEATH								lowa
	9a. FACILITY NAME (If not institution, give st		96. CITY	JOWN 0	R LOCATION OF DE	ATH 1	9c. COUNT	Y OF DEATH	
DIRECTOR	Leland Me	ma foli	210.	1/	171	CV d 21	le 1	VIN	C2 500 19 60
5	RESIDENCE OF DECEDENT					11.60			0
2	10a. STATE 10b. COUNTY		10c	. CITY, TOWN O	R LOCAT	ION			10d. INSIDE CITY LIMITS?
۵	Maryland Prince	e George's	R	iverda	le				1 Nes 2 No
7	10e. STREET AND NUMBER	100000000000000000000000000000000000000		M E.S.		. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	5411 Quesada Roa	d				20737		U.S	. / Δ
Z	11. MARITAL STATUS	12 WAS DECEDENT EVI	FR IN U.S. ARMED	13.3	MAS DEC		IC ORIGIN? (Specify Yes		I. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 \ \ \	ES 2 NO	1	f yes, sp	ecify Cuban, Maxicon	, Puarto Rican, etc.)		Black, White, etc.
В	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR O	R DATES	,	YES	2 X NO Specify:			Specify: white
	15. DECEDENT'S EDUC	CATION	tes DECEDE	NT'S USUAL OC	CUBATIC	NA .	18b, KIND OF BUS	INECC/INDI IC	
COMPLETED	(Specify only highest grade	completed)	(Give kin	d of work done of OT use retired.)	furing mo	st of working	IOD. KIND OF BOX	MILOGINDOS	"""
#	Elementary/Secondary (0-12)	College (1-4 or 5+)							ı
₽ I	1 2th	~~~~	Hou	sewife			Own H		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAM	ME (First, Middle, Maiden	Sumame)	
BE	unknown					unk	nown		
	19a. INFORMANT'S NAME (Type/Print)		19b. MA	LING ADDRESS	(Street a	and Number or Rural R	loute Number, City or Tow	n, State, Zip C	ode)
2	Melissa Miller		540	Ques	ada	Rd. #2	Riverdale	Md	20737
						metery, crematory or			ty or Town, Stata
	20a, METHOD OF DISPOSITION 1 A Burlal 2 Commation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	Ft. Line						d, Maryland
- 1	21. SIGNATURE OF PUNERAL SERVICE LIC	ENGEE	1 (1 1111)			ND ADDRESS OF FAC		TEWOOC	i, waryland
	772	77		FF	RAN	CIS GAS	CH'S SON	S FUI	NERAL HOME
	* Park /	1 Distra	~						Md. 20781
	23. PART i. Enter the diseases, or o	complications that car	used the deeth.						
	sliock, or heert failure.	List only one ceuse of	on eech line.						Interval Between Onset end Death
	IMMEDIATE CAUSE (Finel disease or condition	1	1	11	1		-1-1	-	40.00
	resulting in death)	· / C	wee	1/1/	11	002	V dial	1)7	51
		DUE TO (OR	AS A CONSEQUEN	CE OF):					
Z	Sequentially list conditions,	b							
CERTIFICATION	if any, leeding to immediate	OUE TO (OR	AS A CONSEQUEN	CE OF):					
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C							
H	thet initieted events resulting in deeth) LAST	OUE TO (OR	AS A CONSEQUEN	CE OF):					
出	resulting in deetily EAST	d							
	PART II. Other aignificent condition	e contributing to dea	th but not recul	ting in the ur	dorfuln	a cause alven in	Part I. 24s. WAS AN	ALITOPRY	24b. WERE AUTOPSY FINDINGS
EDICAL	11:		ar bot not resur	ang in the or	idei iyiii	g cease given in	PERFO		AVAILABLE PRIOR TO
음	/Von						1 🗆 YES :	NO	COMPLETION OF CAUSE OF DEATH?
ME						_	_		1 TYES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Che	eck only one)		
잃	EXAMINER? VES 2 NO	HOSPITAL: 1 Inpetient 2 ER	Outpetlant 3 KD	OTHEI		ne 5 🗆 Realdenca	□ Other (Spenify)		
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF INJU		b. TIME OF		JURY AT	28d, DESCRIBE HOW	NJURY OCCU	JRED
	1 Natural 8 Pending	(Month, Day, Y		INJURY	W	ORK? YES 2 NO			
BY	2 Accident Investigation		HIERO ALL						
0	3 Suicide 8 Could not be 4 Homicida determined	building, atc.	JURY — At homa, 1 (Specify)	arm, atreet, faci	tory, offic		28f. LOCATION (Street City or Town, State		r Hural Houte Number,
E	Tomacida determined								
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledga, daath o	occurred at the t	ime, data	and place, and dua	to the cause(a) and me	nner aa stated	d.
×		R: On the beals of exami	nation and/or inves	tigation, in my o	opinion, i	death occured at the	time, data and place, a	nd dua to the	cause(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUM	10.50	and DATE	SIGNIED (March Day March
B	1000		= (17 & A	21	290. DATE	SIGNED (Month, Day, Year)
6	1 1 1 5	wars	mi			NOZ	113	100	-ne 10 /790
	30 NAME AND ADDRESS OF PERSON WI		-						
	John S. Rogers,	M.D. 1919	Semina	ry Rd.	Sil	ver Spri	ng, Maryl	and	
	31. DATE THEO 4100, 10 (1)	12 REGISTRAP'S	SIGNATURE)				Williams	
	NOW T > OO	June Dunies	or a-Alaska	-					
			_						

TO BE COMPLETED BY FUNERAL DIRECTOR

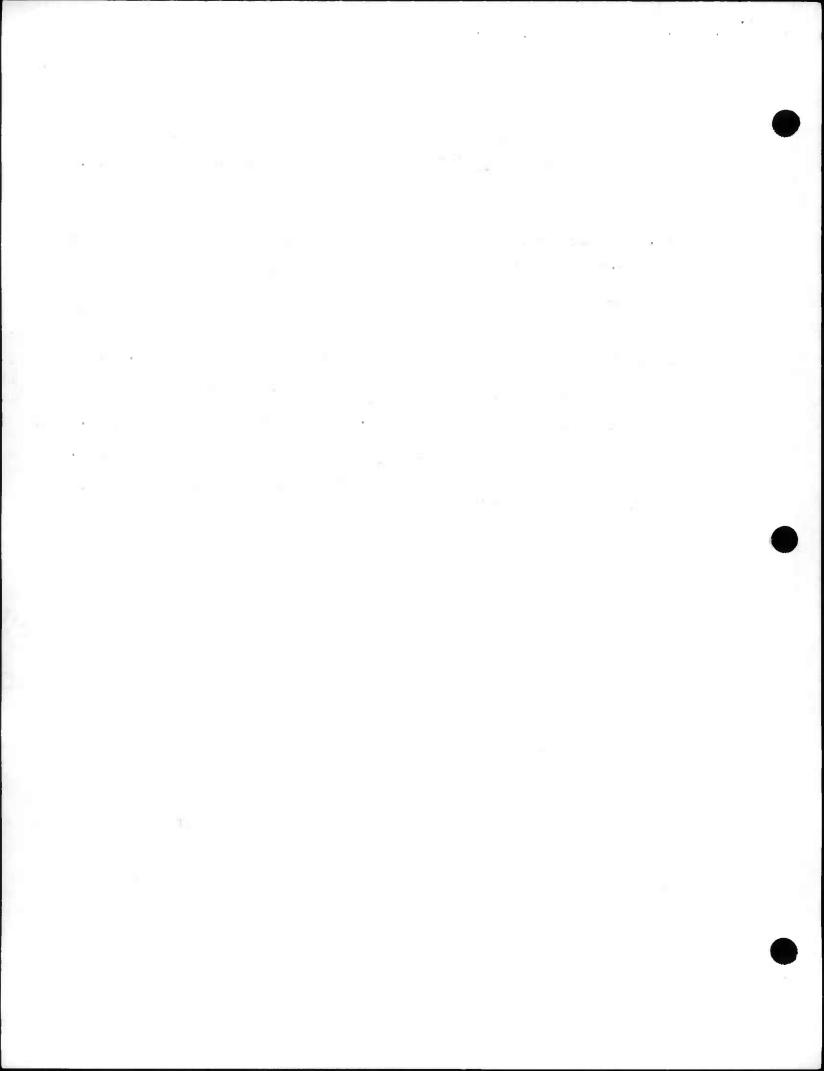
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	- STATE REGIST
	1. DECEDENT
I	4. SOCIAL SE
	227-
	9a. FACILITY I
	PENIN
ľ	10e. STATE
	Va
и	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First,		ndolph		Con	IG WE	ST	2. DATE MONTH		1990	YEAR	3. TIME OF DEATH 8 30 A M
4. SOCIAL SECURITY NUMBER	ER		8. AGE (In yrs.		IF UNDER 1 YEAR		7. DATE O	DE BIRTH			PLACE (State or Foreign Va.
9a. FACILITY NAME (If not ins		1,000	3 4 V	_	OF CITY TONG	OR LOCATION OF D				NTY OF D	
PENINSULA (т			ISBURY, N		A NID			
RESIDENCE OF DEC	EDENT		.ц				TAKIL	AND	L	MICC	MICO
10e. STATE	10b. COUNT			10c. CITY,	TOWN OR LOC						10d. INSIDE CITY LIMITS?
Va.	Acco	mack			Ne	w Church	2				1 TYES 2 NO
10e. STREET AND NUMBER	-1 Bo	x 18-A				101, ZIP CODE 234]	15			JSA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WI	YES 2 [THE OR DATES	ARMED NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxico ES 2 1 NO Specifi	an, Puarto R		or No		E — American Indian, k, White, etc. #y: Black
15. DECI (Specify only	DENT'S EDU	CATION completed)	18a.	DECEDENT'S U	SUAL OCCUPA	TION most of working	18b.	KIND OF BUS	SINESS/INE	DUSTRY	
Elementary/Secondary (0 Secondar)	12)	College (1-4 or 5+)	M	achin	retired.)	-	1	Accom	ack	Co.	Roads
17. FATHER'S NAME (First, Mi				••		18. MOTHER'S NA	AME (First, N	Aiddle, Maiden	Surname)		
	Roy C	onquest				Elear			pper		
19a. INFORMANT'S NAME (7)		onquest		19b. MAILING	Rt.	t and Number or Rural Box 18	Route Numb	New	n, Stete, Zip Chu	irch	, Va.23415
20a. METHOD OF DISPOSITI	ON n 3 □ Rem		20b. PLA othe	r place);	tion (Name of	cemetery, crematory or		20c. LQ	cation – atts	City or To	own, State 1e, Va.
21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE			22. NAME	AND ADDRESS OF F	ACILITY neral	L Hom	e -	Acc	omac, Va
23. PART i. Enter tha di	308308 OF	complications that	caused the	death Do no	ot enter the r	node of dving eru	ch ee cerd	llac or rean	retory ar		Approximeta
	aart falliure. ai	Liet only one ceus	se on aach i	ina.							interval Between Onset and Daath
Sequantielly list conditi if any, leeding to immed cause. Entar UNDERLY! CAUSE (Diseasa or inju- that initiated events resulting in death) LAS	NG ry	b. RECURR DUE TO (ETAST/ SEQUENCE OF		LUNG CA	NOER				
PART II. Other eignifica	nt condition	na contributing to	deeth but no	ot reaulting is	the underly	ing cause given in	n Part i.	24a, WAS AN PERFOR		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								t YES 2			COMPLETION OF CAUSE OF DEATH?
							_				1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					PLACE OF DEATH (C	heck only on	10)			
EXAMINER? 1 ☐ YES 2 ⊠ NO		HOSPITAL:	ER/Outpatian	3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Realdence	8 🗆 Othe	r (Specify)			
	Pending Investigation	28a. DATE OF (Month, De		28b. TIME INJU	JRY	NJURY AT WORK?	28d. DES	CRIBE HOW	NJURY OC	CURED	
3 Suicide 8	Could not be detarmined	28a. PLACE Of building,	F INJURY — A etc. (Specify)	t home, farm, s	treet, factory, o	ffice		ATION (Street or Town, State)		or or Rural	Route Number,
(Griden orm)		ICIAN: To the beat of ER: On the beals of ax									(a) and manner as stated.
296. SIGNATURE AND TITLE Richola	ol.	Ogbur		MO.		D 3	45	93	•	6	0 (Month, Day, Year) 19/90
30. NAME AND ADDRESS OF	L. 00		OF DEATH (Zo / F	Print) PINE BL	UFF RORD	mep	ical c	ENTER	W.	SAUSBURY
31. DATE FILED (Möhin, Day,	90	32. REGISTRA	Davidson	n-Randal	2						



FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

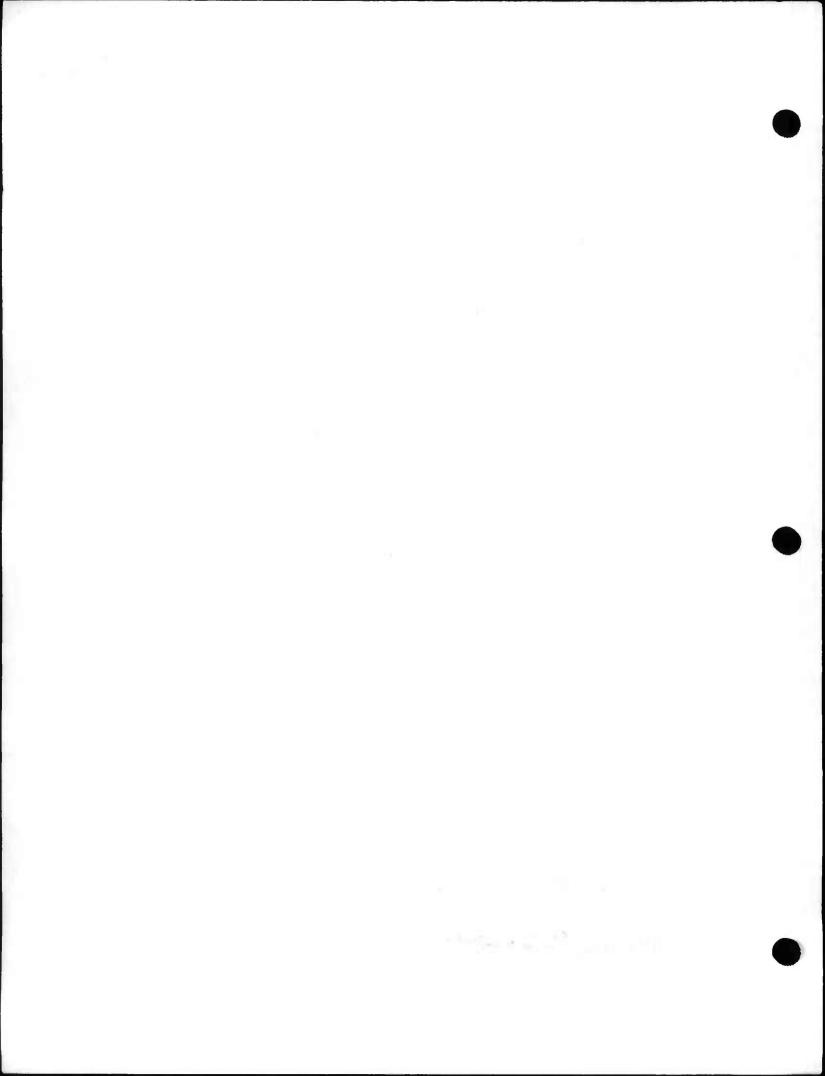
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICAI	E OF	DEA	IH_	P	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) CARLA	NADINE CO	OLLINS	5					2. DATE OF MONTH June	DEATH DA 16		YEAR 90	3. TIME OF DEATH M	
	4. SOCIAL SECURITY NUMBER 212-76-4161	5. SEX 1 M 2 F	6. AGE (In yrs. 29	lest birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, De May 20	y, Year)	1	Countr	PLACE (State or Foreign y) RYLAND	
ŀ	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE	7	, 170		9c. COUNTY OF DEATH		
	408 COLLINS ROA	\D	_		EDO	GEWAI	ER				ANN	E AR	UNDEL	
ĺ	10e. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
ř	MARYLAND ANNE	ARUNDEL			EDG	EWATE	ER						1 YES 2 NO	
	100. STREET AND NUMBER 408 COLLINS ROAD					101	2103				10g. CIT		WHAT COUNTRY?	
į	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13	. WAS DEC			NIC ORIGIN? (S	pecify Yes	or No-	U.S.	- American Indian	
i	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1) IF YES, GIVE WI ARMY RI	AR OR DATES	□no 1984			Clfy Cube		in, Puerto Rica y:	n, etc.)		Speci	k, White, etc.	
	15. DECEDENT'S EDU (Specify only highest grade	CATION		DECEDENT'S	USUAL	OCCUPATIO	ON		18b. KII	O OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done se retired.) gunng mo	ISE OF WORKI	ng						
۱				SECRE	TAR	Y				TORO		0.		
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd	lle, Meiden	Surname)		1	
۱	BENJAMIN COLLINS 190, INFORMANT'S NAME (Type/Print)	i, Jr.	Т.	105 MAILING	ADDRE	PO /Ctmat a			NEAL Route Number,	City or Town	Ctata 7	in Codel		
	HELEN COLLINS								EWATER,				1027	
	20. METHOD OF DISPOSITION			CE OF DISPO					MATER	_		City or To		
	1- Suriet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State		r place) EWS U.	М. (CHURC	СН СЕ	METE	ERY				E, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	1 0			2:	, NAME AI	ND ADDRE	SS OF FA	CILITY 821	WES	T SŢ	AN AN	NAPOLIS, MD.	
	Larry &	1. Dees	2						E & SON					
	23. PART I. Entar the disease's, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		se on aach i	line.				_	th as cerdiad		ratory ar	reat,	Approximate interval Batwean Onset and Death Sycays	
1		DUE TO	(OR AS A CON	ISEOUENCE C	OF):									
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEQUENCE O	P):									
	CAUSE (Diseese or injury thet initieted events	c. DUE TO	(OR AS A CON	SEQUENCE O	IF):									
	resulting in deeth) LAST	d												
	PART ii. Other significant condition	ns contributing to	death but no	ot reaulting	in the	ınderiyin	g cause	given in	Part I. 24	a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
						•			1	PERFOR	5 4		AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?	
1											JAC -		1 YES 2 NO	
	e:													
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	l ente i su		ОТН	R:			neck only one)					
	27. MANNER OF DEATH	1 Inpetient 2 I	INJURY	28b. TII	WE OF	28c. IN.	JURY AT	esidence	8 Other (S		NJURY O	CURED		
	1 Netural 5 Pending	(Month, D	ay. Year)	- IN	JURY		ORK? YES 2 [_ NO						
Ì	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — A	t home, farm,	street, fa	ctory, offic	:e		261. LOCATION	ON (Street a	and Numbe	er or Rural I	Route Number,	
	4 Homicide determined													
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI												e) end menner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE	Buln	dì	Lo)		29c. LIC	ENSE NU	MBER		29d, DA	TE SIGNED	(Month, Day, Year)	
	30. RAINE AND ADDRESS OF PERSON MAN	HO COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Typ	e, Print)	chi	E 11.	110.	15H	200	<u> </u>	P	MD, 21146	
	31. DATA FILED (Month, Day, Year)	CLU LILLI	REGIGNATUR) 77 5	/\//	UT 11	~ P11	vui	1	-04	10	11	10/2/190	
- 61	11 11 1N 7 1 1001 de	May Davidson	-Nonoe	4										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 medis after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Ray 1/89



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mark after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATI	OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			IENTAL HYGIEN REG. NO		
1. DECEOENT'S NAME (First, Middle, L.	ast)			1	2. DATE OF DEATH		3. TIME OF DEATH
Lillian Edith	CLARK				June 22,	1990	SEOU A
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		I. BIRTHPLACE (State or Foreign
220-12-2902	1 □ M 2 🖾 F 72		NTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 7,1	917	West Virginia
9s. FACILITY NAME (If not institution, g	2 - 25 - 14 - 2 Hz	91		R LOCATION OF DEA	ATH	100	Y OF DEATH
209 Nottingham	n Road		Hagers	town		Wash	ington
10a. STATE 10b. CO		10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY
Maryland Wa	shington	На	gerstow	n			1X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
209 Nottingham	ı Road			1740		US	A
11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPANI cify Cuban, Maxican	C ORIGIN? (Specify Yes, Puerio Ricen, etc.)	a or No- 1	4. RACE — American Indian, Black, Whits, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify:			Specify:
15. DECEDENT'S	EDUCATION	16a. DECEDENT'S US	HAL OCCUPATION	N	16b. KIND OF BU	ISINESS/INOLI	white
(Specify only highest of Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	k done during mo stired.)	nt of working	TODA KIND OF DE	3111233711133	• • • • • • • • • • • • • • • • • • • •
8		housew	ife .				
17. FATHER'S NAME (First, Middle, Last	t)	House		18. MOTHER'S NAM	NE (First, Middle, Maide	Surname)	
Amos Shiere				Mary L	ou Wells		
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		oute Number, City or To	vn, State, Zip C	Code)
Melvin H. Clar	ck	209 No	ttingha	m Road,	Hagerstow	n, Md.	21740
20a. METHOD OF DISPOSITION 1 ☑ Burisl 2 ☐ Cremation 3 ☐	20	b. PLACE OF DISPOSITI	ON (Name of cer	netery, cremetory or	20c. L	OCATION — CI	ity or Town, Stata
4 Donation 5 Other (Specify)	Hamovai from Stata	Cedar Lawn	Memori	al Park	На	gersto	own, Maryland
21. SIGNATURE OF FUNERAL SERVICE		2	22, NAME AN	CH FUNER	AT HOME		
> SCAX	+ 10 unn	cel				agerst	own, Md. 217
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OR AS OUE TO (OR AS WILL	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	representation	at der	w		yr yr
resulting in dasth) LAST	d						
PART II. Other algnificant cond	ditions contributing to death	out not resulting in	the underlyin	g cause given in i		N AUTOPSY PRMED? 2 (NO	24b. WERE AUTOPSY FINDIN MARLABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	AL		26. PI	g cause given in i	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
			26. PI		PERFO 1 YES	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetlant 2 ER/Out 28e. OATE OF INJURY (Month, Dev. Year)	ipatient 3 DOA 4	26, PI	ACE OF DEATH (Che 6 □ Residence URY AT	PERFO 1 YES	PRMED?	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YEA 2 NO 27. MANNER OF OEATH 1 Netural 6 Pending	AL HOSPITAL: 1 Inpetlant 2 ER/Out 28e. OATE OF INJURY (Month, Day, Year)	tpetient 3 □ DOA 4	26, PI	ACE OF DEATH (Che e 6 □ Residence URY AT RKY	PERFC 1 YES 1 YES 1 Other (Specify)	PRMED?	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 tnpetlant 2 ER/Out 28e. OATE OF INJURY (Month, Day, Year) thon ot be 28e. PLACE OF INJUR building, etc. (Spe	tpatient 3 DOA 4 25b. TIME (INJUR Y — At home, farm, stre	26. PI DTHER: Nursing Hon OF 28c. IN. IV WC M 1	ACE OF DEATH (Che 6 C Residence URY AT RK7 /ES 2 NO	PERFC 1 YES 1 YES 1 Other (Specify)	PRMED? 2 (NO INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC/ EXAMINER? 1 YER 2 NO 27. MANNER OF OEATH 1 Natural 6 Pending 2 Acciden investigat 3 Suicide 6 Could no 4 Homicide detarmine 29a. CERTIFIER (Check only)	AL HOSPITAL: 1 Inpetlant 2 ER/Out 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Speed PHYSICIAN: To the best of my known AMINER: On the basis of examination	26b. TIME (INJUR Y — At home, farm, strescity)	26. PI DTHER: Nursing Hon DT M 1 1 Det, factory, office at the time, data	ACE OF DEATH (Che 6 GResidence URY AT RKY /ES 2 NO snd place, and due eath occured at the	PERFO 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Yown, State to the cause(s) and m time, data and place, a	INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO URED No Rural Route Number, d. csuse(s) and menner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inperlant 2 ER/Out 1 See. OATE OF INJURY (Month, Day, Year) 18ton 18ton 18ton 28e. PLACE OF INJUR building, atc. (Speed PHYSICIAN: To the best of my known AMINER: On the basis of axamination TITFIER The property of the basis of axamination TITFIER The property of the basis of axamination TITFIER The property of the basis of axamination TITFIER The property of the basis of axamination TITFIER The property of the basis of axamination TITFIER The property of the basis of axamination TITFIER The property of the basis of axamination TITFIER	ipatient 3 DOA 4 26b. Time (INJUR Y — At home, farm, strechy) Wiedge, death occurred on and/or investigation,	26. PI DTHER: Nursing Hon DT M 1	ACE OF DEATH (Che 6 Residence UITY AT RKY (ES 2 NO and place, and due eath occured at the 29c. LICENSE NUM	PERFO 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Yown, State to the cause(s) and m time, data and place, a	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO URED WAS A CONTROL OF CAUS DF DEATH? A CONTROL OF CAUS DF DEATH? A CONTROL OF CAUS DF DEATH? A CONTROL OF CAUS DF DEATH? A CONTROL OF CAUS DF DEATH? A CONTROL OF CAUS DF DEATH DEAT

La e de la Milliana Para

TO BE COMPLETED BY FUNERAL DIRECTOR

urs after death. Page 6 may be retained by the hospital or attending ph	ted in by the funeral director, page 5 should be detached for use as the but, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Urs after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely imed in by the funeral director, page 5 should be detached for use as the bus filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to busial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF CERTIFIER

MARIE

30. NAME AND ADDRESS OF PERS ROSE MA 31. DATE FILED (Month, Day, Year) JUN 20 'YU

1 - FOR STATE REGISTRAR	STATE OF MA		DEPARTM ERTIFICA			MENTAL HYGIEN REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, La	et) Penny Ka	y CLARI	K ,	0 10		2. DATE OF DEATH	w /	YEAR 3	. TIME OF DEATH
PEN	NY	K.	CLA	RK		6/2	4/9	70	7:115 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. les		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Qay, Year)	7	8. BIRTHPL Country)	ACE (State or Foreign
212-92-0399	1 🗌 M 2 🔯 F	25	YRS. MON	THS DAYS	HOURS MIN.	Dec. 5,19	64	Mary!	Land
9a. FACILITY NAME (If not institution, gi	ve street end number)		9b.	CITY, TOWN C	R LOCATION OF DE			NTY OF DEA	
Western Maryland Cer	nter-1500 Penn	sylvania	Ave.	Hagerst	own, MD 2	1740	Wasi	nington	
RESIDENCE OF DECEDENT									
Manage Tom d				WN OR LOCAT				1	Od. INSIDE CITY LIMITS?
	hington		паде	erstow					X YES 2 NO
10e. STREET AND NUMBER	0.				ZIP CODE				AT COUNTRY?
809 W. Washingt	on St.			2	1740		1	USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO If yes, specify Cuben, Maxican, Puerto Rican, atc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. RACE — If yes, specify: Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify: United Specify: Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify: No Specify: Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify: United Specify: No Specify: United Specif					- American Indian, White, etc. CE				
15. DECEDENT'S E (Specify only highest go	DUCATION	18a. DE	CEDENT'S USU	AL OCCUPATIO	ON et of working	18b. KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life	ive kind of work of Do NOT use reti	red.)	st or working				
11		h	ousewif	e					
17. FATHER'S NAME (First, Middle, Last)	,				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
Franklin Willia	m King				Rosie L	ee Peck			
19a. INFORMANT'S NAME (Type/Print)	- A					Route Number, City or Tow			
Charles E. Clar	k, II	8	09 W. V	Vashin	gton St.	, Hagersto	wn, l	Md. 21	L740
20a, METHOD OF DISPOSITION 1	amoval from State	other pi			netery, crematory or			City or Town	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-		23 -NAME A	DADDRESS OF FA				
SCOT	Men	nec	R	415 E	. Wilson	Blvd., Ha			Md. 21740
23. PART I. Enter the diseases, shock, or heart fallu IMMEDIATE CAUSE (Finel	or complicatione that re. List only ons caus			nter the mo	de of dying, suc	h es cerdiec or reep	Iratory er	reet,	Approximate Interval Between Onset and Death
disease or condition	41	inKl) sta	ma					Keen The
reaulting in death)	DUE TO (C	R AS A CONSE	OUENCE OF):	7740					1000000
Sequentially list conditions, if any, leeding to immediate	b	OR AS A CONSE	OUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or injury	c								
that initiated events	DUE TO (C	R AS A CONSE	OUENCE OF):						
reaulting in death) LAST	d								1
PART II. Other algnificant condi	tiona contributing to d	eath but not	resulting in th	a underlyin	g cause given in	Part I, 24s. WAS AN PERFOI	RMED?	1	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
-						_	7		PF DEATH?
25. WAS CASE REFERRED TO MEDICA				26. DI	ACE OF DEATH (C)	eck only one!			
EXAMINER?	HOSPITAL:	ER/Outpatient		HER:		8 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b. TIME OF		URY AT	28d. DESCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending	(Month, Day		INJURY	WC	PRK?				
2 Accident investigation 3 Suicide 8 Could not be detarmined						ute Number,			
onel	HYSICIAN: To the best of m								and manner ae stated.

29c. LICENSE NUMBER

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

NARIE CHAN, M. D. 1500 Pennsy

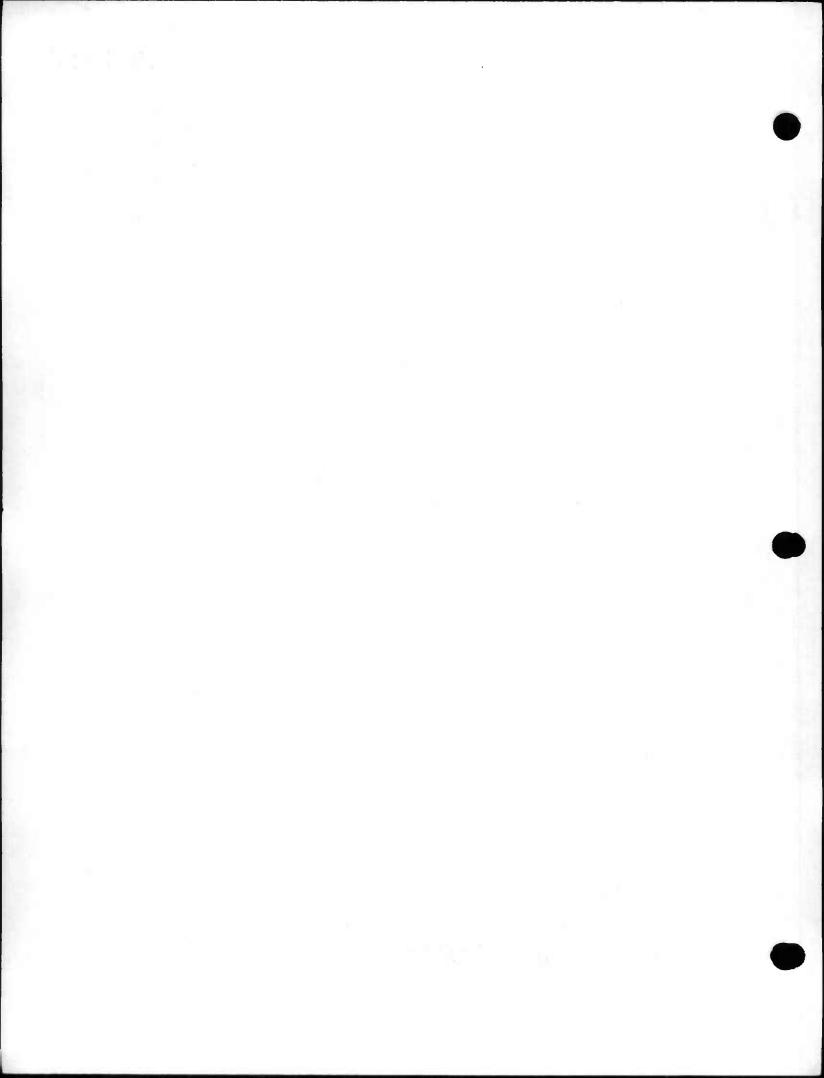
Year)

32. REGISTRAR'S SIGNATURE

JUL JUL DAVIDSON—Handele

90

29d. DATE SIGNED (Month, Day, Year)



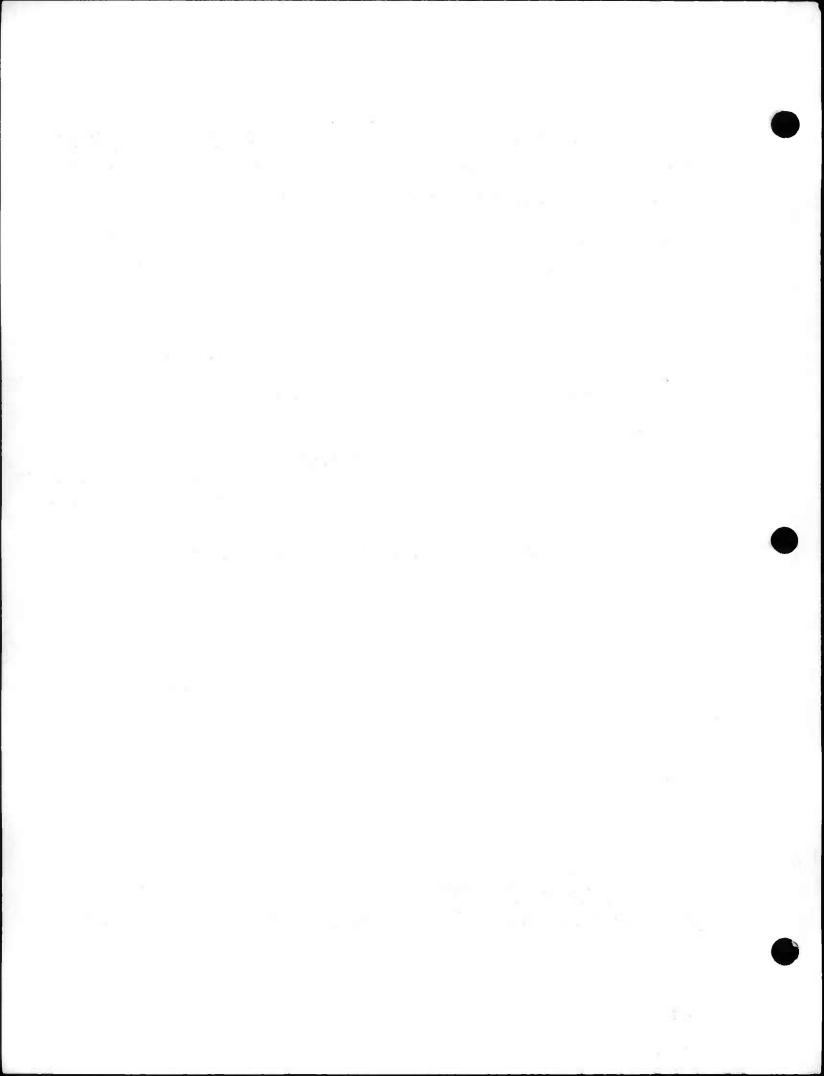
TO BE COMPLETED BY FUNERAL DIRECTOR

be executed within 24 mours after death. Page 6 may be retained by the hosp	ician and completely filled in by the funeral director, page 5 should be detacher n'or to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	Ή		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT CERTIFICATI		MENTAL HYGIEN REG. NO.	_	
	Ilsworth 1	,	stian	2. DATE OF DEATH MONTH	-90	940H M
4. SOCIAL SECURITY NUMBER 593-60-1075	1-2xM 2 □ F -9	(In yrs. lest birthday) IF UNDEF MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 30	, 19 5 3	ATHPLACE (State of Foreign untry) Dominicia
99. FACILITY NAME (If not institution, git 11211 Kettering	g Pl., "		er Marlboro,		P. Ge	orges
aryland P.	Georges	Upper M	arlboro, Mar	yland		10d. INSIDE CITY LIMITS? TYES 2 \(\text{NO} \) NO
100. STREET AND NUMBER 1121 Kettering	Place		101. ZIP CODE 20772		10g. CITIZEN O Domini	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES	S 2 10	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	B	ACE — American Indian, ack, White, etc.
15. DECEDENT'S i (Specify only highest g Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) Veterinari	during most of working	-Solital - Ser	siness/industri	
17. FATHER'S NAME (First, Middle, Last) Wendell Christi			Alberta	ME (First, Middle, Maiden John Bar	tist	
190. INFORMANT'S NAME (Type/Print) Alicia Christian		Roseay I.	s (Street and Number or Rural Cominica (C	arribbean)		
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 X F 4 Donation of Other (Special Service 2). 21. SIGNATURE OF FUNERAL SERVICE	Removal from State	22.	minicale leter	Do Do CILITY 16 Kent	edy Str	Maryland eet, N. W.2001
immediate cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF):	tve pulmen	my dis	lese	Onset and Death
PART II. Other significant condi	tions contributing to death	but not resulting in the u	nderlying ceuse given in	Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1. YES 2 NO	HOSPITAL:	utnetlent 3 000 A No.	26. PLACE OF DEATH (Ch R: rsing Home 5 Residence	VA = 2/2/12/7/1		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigate	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
3 Suicide 8 Could not 4 Homicide determine	De building, etc. (S)	RY — At home, farm, street, fac oscify)	ctory, office	281. LOCATION (Street City or Town, State		ral Route Number,
CHROCK OHIN	HYSICIAN: To the best of my known winer: On the basic of examinar					se(e) end menner as stated.
296. SIGNATURE AND TITLE OF PERT	tedriques.	MD	D 212	MBER 30	29d. DATE SIGN	NED (Month, Day, Year)
	drience	DEATH (ITEM 27) (Type, Print)	Roughum Cr	- Cospi	Mis 2	0748
11. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE Andell	/			



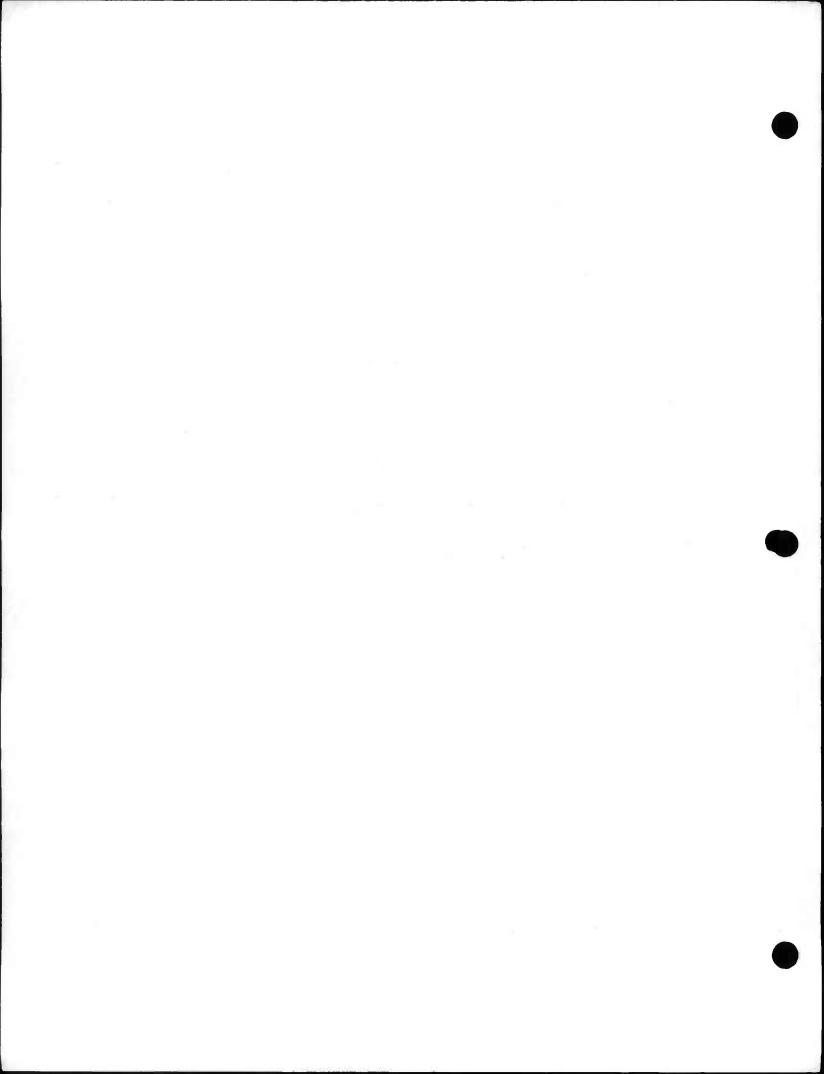
as after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a standing paper of complete the page of complete the page of complete the page of complete the page of complete the page of complete the page of complete the page of complete the page of the page of complete the page of the pa

	IRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burdal, cremation, or removal.	issocotasis is some on from 22 chains any falliery or other trainmatic awant the medical examiner must be notified at non-
	s certificat	th the Sta	of or its
	After this	death wit	- marke
TO I POINT	ECTOR:	s after	1 90 p
1	IL DIRI	2 hour	6 lbmm
3	THE FUNERAL DIF	rithin 7.	AMT.
2	TO THE FI	be filed w	TOUGH

	1 - STATE OF MARY		MENT OF H		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) John D. Caiopoulos				2. DATE OF DEATH DATE DATE DATE 11	199	3. TIME OF DEATH 6:35 P. M.
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	RTHPLACE (State or Foreign
	579 20 1016 1 Tx M 2 TF 75	YRS.	MONTHS DAYS	HOURS MIN.	7/30/15	RI 9c, COUNTY C	node Island
O.B.	9467 Turnberry Drive		Poto		zain		gomery
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
	Maryland Montgomery 100. STREET AND NUMBER	PC	tomac 101.	ZIP CODE		10g. CITIZEN (1 □XYES 2 □ NO DE WHAT COUNTRY?
FUNERAL	9467 Turnberry Drive 20854 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced 1 Ves a specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:					USA	A
BY FUN							ACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	16e. DECEDENT'S U (Give kind of wo	ork done during mos	N t of working	16b. KIND OF BUS	SINESS/INDUSTR	γ
MPL	1/12 2 Years	Account	ant		Self	Employe	ed
ទូ	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden le Potter	Surneme)	
BE	Demos John Caiopoulos 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Code)
임	James J. Caiopoulos				e Potomac		
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removed from State 4 ☐ Donetton 5 ☐ Other (Breech)	other place)	TION (Name of can			CATION — City of	Spring, Md.
	21. SIGNATURE OF FUNERAL SERVICE MCENSEE			D ADDRESS OF FA		ott ver '	opring, na.
4	Church Clen	lan-	Hines	/Rinaldi	. 11800 Nev	Hamp.	Ave.S.S.Md.
	23. PART I. Enter the diseases, or complications that ceus shopk, or heart feliure. List only one cause on MMEDIATE CAUSE (Finei disease or condition resulting in death) e	each line.	Con		th as cardiac or respi		Approximata Interval Between Onset and Death
CERTIFICATION	If any, leading to immediata ceuse. Enter UNDERLYING	A CONSEQUENCE OF					
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death Right Upper Kolle	but not resulting in	n the underlying	cause given in	Part I, 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. Pi	ACE OF DEATH (C)	neck only one)		
SICI	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/OL	itpetient 3 🗆 DOA	OTHER:		8 Other (Specify)		
ВУ РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation		JRY WO	URY AT RK? 'ES 2 NO	28d, OEŞCRIBE HOW	INJURY OCCURE	D
1 280, PLACE OF INJURY — At nome, term, arrest, factory, ortice 1 281, LOCATION (Street and Number							ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis of examinations of the basis						use(e) and menner ea stated,
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER , 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)	29c. LICENSE NU	MBER 35-4	29d. DATE SIG	NED (Montp, Day, Year)
	Dr. Gary P. Fisher 31. DATE FILED (MONT). Day, Your, 1907	SNATURE	isconsir	Avenue	Bethesda	. hM	#505 20815



s should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

otified at once

retained by the hospital or attending physician.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n
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HOSE	ENE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AM
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SIGNATURE AND TITLE OF

3'90

CÉRTIFIER

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) J. Roscoe Creer 3. TIME OF DEATH ROSCOE reer 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN 1 M 2 - F 84 Űtah YRS. 25,1905 Aug. 578-18-4991 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE MD Montgomery YES 2 NO Chevy Chase FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 20815 5205 Dorset Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 $\boxed{2}$ YES 2 $\boxed{1}$ NO IF YES, GIVE WAR OR DATES 1930–1935 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 M Married Specify: White 8 3 Widowed 4 Divorced ETED. 15, OECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL Medical Doctor Medicine 5+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Delila Bradford Roger William Creer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 7817 Old Chester Rd., Bethesda, MD 20817 Roscoe Bradford Creer 20s. METHOD OF OISPOSITION

Duriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Washington, D.C. Rock Creek Cemetery Donation 5 - Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Joseph Gawler's Sons, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE my 5130 Wisconsin Ave, NW, Washington, D.C. 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Bronchopneumonia, bilateral Approximata Interval Betwee Onset and Death IMMEDIATE CAUSE (Final NCHOPNEUMONIA. BILATERAL disease or condition 2 WEEKS resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL RTERIUSCLEROTIC HEART 1 TES 2 NO OF DEATH? BETES MELLIN 1 | YES 2 | NO ERTENSION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 TONO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNEB OF DEATH 26a. OATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED Could not be 4 Homicide detarmined 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and memor as steted. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occured at the time, data and place, and due to the cause(s) and memor as stated

> COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 9420 32. REGISTRARIS SIGNATURE ulia Davidson

29c. LICENSE NUMBER

29d, DATE SIGNEO (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If item 28 is marked, or item 23 shows any in

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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the death certificate be executed within the way after death. Page 6 may be retained by the hospital or attending physician.	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	d Mental Hygiene prior to bunal, cremation, or removal.	injury or other traumatic event the medical examiner must be notified at once
execute	and co	o buna.	Tatle
ith certificate be	tending physician	al Hygiene prior to	or other train
the dea	the att	d Mente	inline

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYG			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		YEAR 3.	TIME OF DEATH
Margaret CARTER					June	19 1	990	11:18 Am
213-22-1542			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye NOV. 27	ar)	Country)	YLAND
9a. FACILITY NAME (If not institution, give s	24		. CITY, TOWN C	R LOCATION OF DE			NTY OF DEAT	
DOCTORS HOSPITAL			LANHA	М		PRIN	ICE GE	ORGE'S
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCAT	ION			104	d. INSIDE CITY
MARYLAND C	HARLES	N	EWBURG				1[LIMITS?
10e. STREET AND NUMBER			10f	ZIP CODE			ZEN OF WHAT	
P.O. BOX 70	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	20664 ENDENT OF HISPAN	IIC ORIGIN? (Specia		TED S'	American Indian,
1 Naver Married 2 Married	FORCES? 1 YES	2 NO	If yea, spe	2 XNO Specify	n, Puario Rican, ato	٤.)	Specify:	hita, atc.
3 🕅 Widowed 4 🗌 Olvorced	ICATION	16a. DECEDENT'S USL	UAL OCCUPATION	NAI.	465 VIND O	F BUSINESS/IND		LACK
(Specify only highest grade		(Give kind of work iffe. Do NOT use re	done during mo		160. KIND O	F BUSINESS/IND	USTRY	
9TH	NONE	COOK			PRIVA	TE & S1	ATE G	OVERNMENT
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M.			
JOHN S. DE SHIEL	DS	105 MANING AD	DDESS (Street o	GEORGIA nd Number or Rural F	A COLBER		Codel	
JAMES O. CARTER,	SR.			E HOUSE				D 20772
20a. METHOD OF DISPOSITION 1 Burial 2 □ Cremation 3 □ Rem	200	PLACE OF DISPOSITION	ON (Name of cer	netery cometory or	20	c LOCATION —	City or Town.	State
4 Donation 5 Other (Specify)		HILOH COMM	_			EWBURG,	MARY	LAND
21. SIGNATURE OF FUNERAL SERVICE LY LYDIA C. THOR	hunted Go-	Asser		ON'S FU		ME. POM	ONKEY	, MARYLAND
23. PART I. Enter the diseeses, or shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on e	ach line.	enter the mo	1 :51	h as cardlec or	reapiretory arr	eat,	Approximate interval Between Onset and Deeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. Due to (or as a consequence of): ### Mondful C. Due to (or as a consequence of):						months Years	
PART II. Other algorificant condition Maloustrilia Comafais		ut not resulting in the december of			PE	AS AN AUTOPSY ERFORMED?	AM CO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:		THER:	ne 5 🗆 Rasidenca	8 Other (Specify	y)		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WC	URY AT	28d. DESCRIBE	IOW INJURY OC	CUREO	
Accidant Investigation	28e. PLACE OF INJUR	f — At home, farm, stre-		YES 2 NO	28t. LOCATION (S	Street and Number	or Rural Rout	le Number,
4 Homicide 8 Could not be detarmined	building, etc. (Spe	cify)			City or Town,	State)		
anni	SICIAN: To the best of my know							nd menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	<u> </u>	11		29c. LICENSE NUI				lonth, Day, Year)
	James X	Trim.	M.D.	D161	91	> /	5-20	-90 '
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OF	EATH (ITEM 27) (Type, Pri	int)					
10694 Campu	is way S.	Large	2, 1	10 2	20772	/		
31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGN	door-Ranguette						

3. TIME OF DEATH

BALTIMORE, MARYLAND 21203-3146

Page 6 may be retained by the hospital or attending physician.

director, page 5 should be detached be notified at once.

permit. Pages 1, 2, 3 should

for use as the burial-transit

DIRECTOR

FUNERAL

BY

COMPLETED

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examiner

or other traumatic CERTIFICATION

PHYSICIAN: MEDICAL

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COMPLETED

BE 2 Elementary/Secondary (0-12)

CHARLES

17. FATHER'S NAME (First, Middle, Last)

19e. INFORMANT'S NAME (Type/Print)

200. METHOD OF DISPOSITION

JOY O. CUNNINGHAM

1 Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

death	e fune	~~;	ехап
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) IF UNI 1 7 M 2 - F 015-01-6585 73 9a. FACILITY NAME (If not institution, give street and number, 9b. C SUBURBAN HOSPITAL RESIDENCE OF DECEDENT 10c. CITY, TOW SI MARYLAND MONTGOMERY 10e. STREET AND NUMBER 8811 COLESVILLE ROAD, #206 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 \(\tilde{\t 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL (Specify only highest grade comp.

College (1-4 or 5+)

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23. PART I. Enter the diseases, or complications that caused the death. Do not an

CUNNINGHAM

(WIFE

			05	- a	/	70			/ ~ m
ER 1 YEAR	IF UNDER		7. DATE OF	BIRTH Day, Year)		S. BIRTI	IPLACE (S	itate or Fo	neign
DAYS	HOURS	MIN.	DEC.		1916			JSET	TS
TY, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH	-	
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OR LOCAT	ION				-			IDE CITY	
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			IIC ORIGIN?		or No-		E — Amer		en,
1 TYES				, a.c.,		Spec	10	HITE	:
OCCUPATION 16b. KIND OF BU					SINESS/IN	OUSTRY			
HER			GO'	VERNM	ENT				
	18. MOT	HER'S NA	ME (First, Mic	ddle, Maiden	Surname)				
]	RUTH	HA	ZEL	EVA	NS			
			90ute Number , #20					2091 MAF	
Name of cer	metery, crer	natory or		20c. LC	CATION -	City or To	own, State		
CRE	MATO:	RY		ALE	LEXANDRIA, VIRGINIA				
READ TO SERVICE TO SER									
er tha mo	da of dy	ing, suc	h as cardi	ac or resp	iratory a	rrest,	in		letween d Daath

2. DATE OF DEATH MONTH

shock, or hasrt failure.	List only one cause on each line.
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. 5eps15
Sequentially list conditions, if any, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. hey to penja Due to (or as a consequence or): C. Non-Hockins Lymphoma Oue to (or as a consequence or):

CARTOGRA

19b. MAILING ADDR

20b. PLACE OF DISPOSITION

ETROPOLITA

8811 CO

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (C	theck only one)
1 YES 2 NO	HOSPITAL: 1 X Inpatient 2 - ER/Outpatient 3 - DOA	OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1/1/4	ME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUREO
3 Suicide 8 Could not b	25e. PLACE OF INJURY — At home, ferm, building, etc. (\$pecifix)	, atreet, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

dge, death occurred at the time, date end place, and due to the ceuse(e) end menner as stated 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.

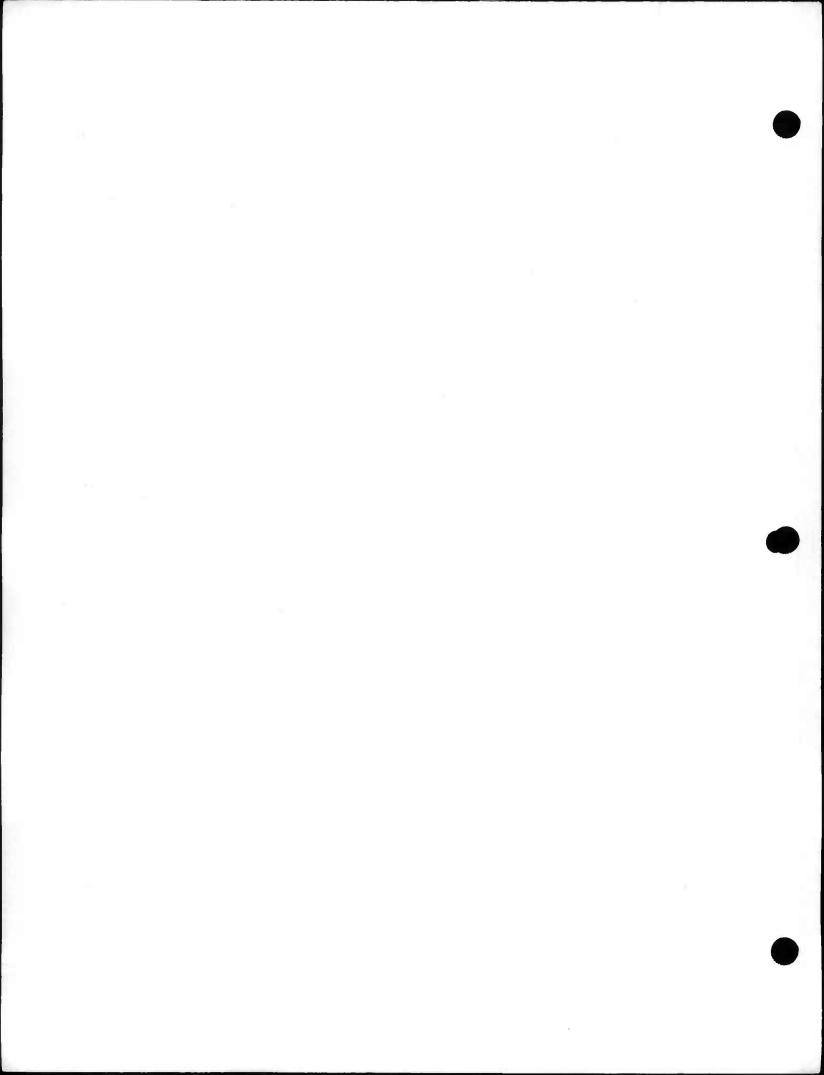
Kathras Kowa Mos	D26992	1 5/22/90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Δ Λ	U 1 m
KATHRIN S. KIRWIN MD #606	10400 Conn. Ave	Kensington 1

29c. LICENSE NUMBER

KATHKYN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 23

29h, SIGNATURE AND TITLE OF CERTIFIER

who Davidson Randole



2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2

30. NAME AND ADDRESS

31. OATE FILEO (Month, Day,

25 '90

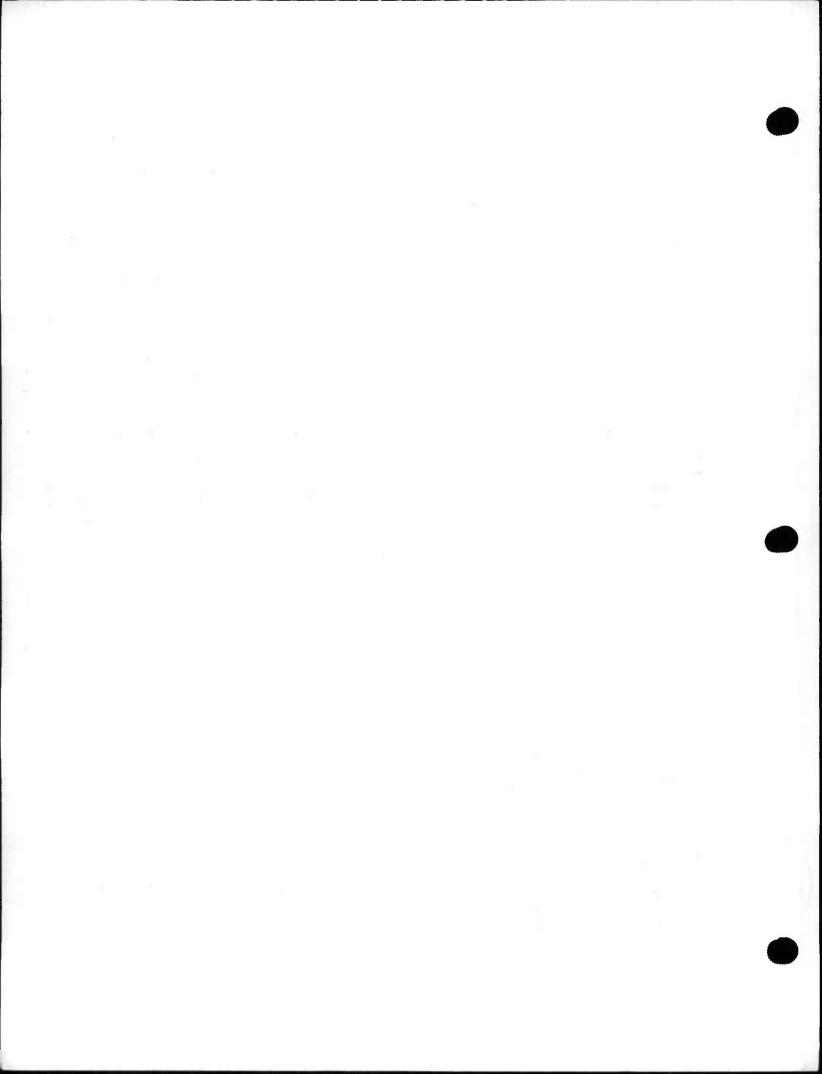
NO PRINCIPLY. FIRE LAW INCLUDED USE UNE USER UNGLINE DE SACULION WHITE LET HOURS ALLES LONGING DE INCLUDED BY THE HOSPITAL DE MISSINGHIES DE	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s breath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	int, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
10 THE MUSPILIAL UR ALLENDING PRITISIONS, THE JAW TEQUIES USED USE USED USED USED USED USED USE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH MACIE E. COPP 6/23/90 40AM 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 579-22-4173 1 M 2 F 79 YRS. 1910 July 4. Carolina Sa. FACILITY NAME (If not institution, give street and num 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES HOSPITAL CHEVERLY PRINCE GEORGE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 - YES 2 1 NO Maryland Prince Georges Capital Heights 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 5317 A<u>ltoona Street</u> 20743 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 € NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No- RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: 3 Wildowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Clerk Retail Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Archie Lawson <u>Leona Knight</u> 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Minnie L. Bornman 6415 Gateway Blvd. District 20s. METHOD OF DISPOSITION 3 G Removal from Stale 4 Donation 5 Other Powers Heights. MD 20743 20c. LOCATION — City or Town, Stata 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Ft Lincoln Cemetery Brentwood, MD 22. NAME AND ADDRESS OF FACILITY MATURE OF FUNERAL SERVICE LICENSEE 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 20746 23. PART I. Enter the classes, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errent, abock, on yeart fellure. List only one cause on each line. Approximete ert fellure. List only one ceuse on each line. Interval Between Onset end Death IMMEDIATE CAUSE (Finel disesse or condition reaulting in deeth) DUE TO (OR AS A COL Sequentially list conditions, DUE T If any, leading to immediate e. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY WAILABLE PRIDE TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 TNO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO lant 2 ER/Outpetlant 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO 2 Accident investigation 28a. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide 4 🗌 Homicida 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month,

> WHO COMPLETED CAUSE OF DEATH 32. REGISTRAR'S SIGNATUR

> > DHMH-18 Rev 1/89

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STATE REGISTRAR

1 -

2. DATE OF DEATN 1. DECEDENT'S NAME (First, Middle, Last) Harold Cartner 1990 8:45A June 16. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
Dec. 9, 1920 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. e. BIRTNPLACE (State or Foreign Mocksville, N. MONTHS DAYS HOURS 237 01 9577 XXM 2 F 69 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR Perry Point V.A. Perryville Cecil RESIDENCE OF DECEDENT Pages 1 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Perryville 1 TYES 2XXNO permit. FUNERAL 10e. STREET AND NUMBER 21902 use as the burial-transit USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAT OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: 84 3 Widowed 4 Divorced White 16a, DECEDENT'S USUAL OCCUPATION

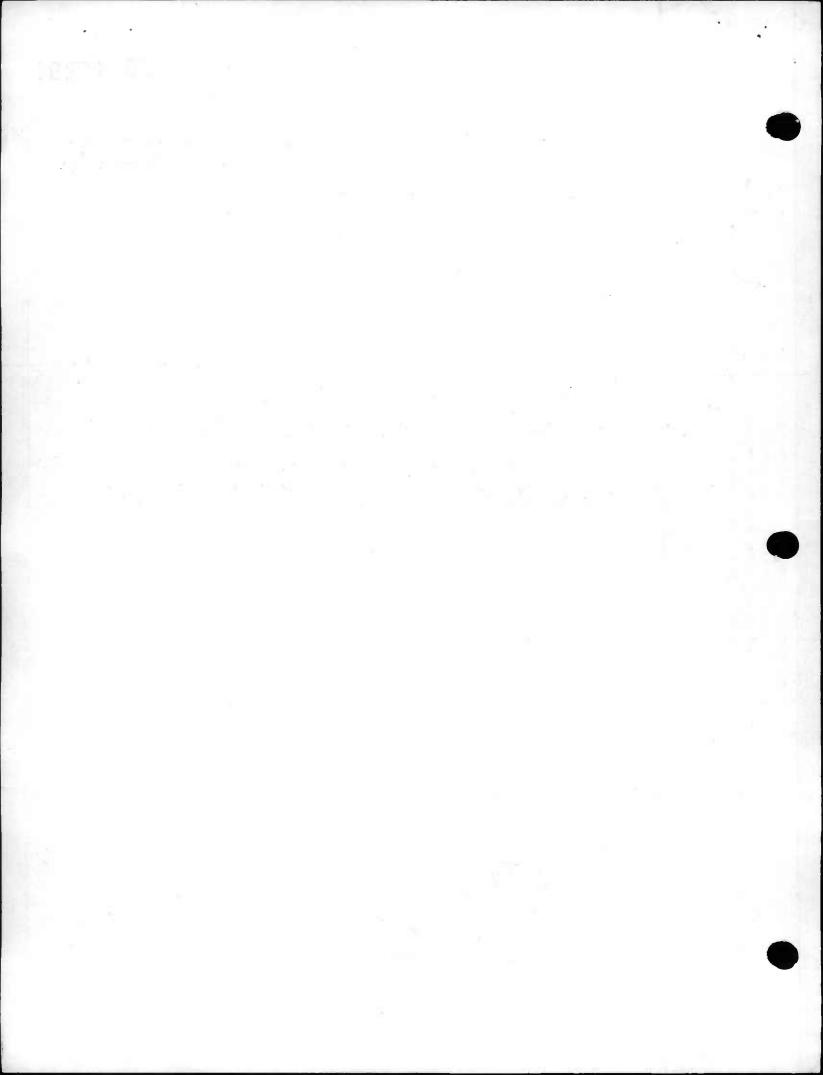
(Chan kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) for Elementary/Secondary (0-12) College (1-4 or 5+) 8 Construction Worker J.J. Newbury Constructio director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Benson Te Rufus Cartner BE 19a. INFORMANT'S NAME (Type/Print) Lucy E.Cartner 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, Stele, Zip Code)
4 C Deborah Court, Elkton, Md. 21921
Perry Point, Maryland 21902 2 9 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata must 1 \(\) Buriel 2 \(\) Cremation 3 \(\) Removal from State
4 \(\) Donation 5 \(\) Other (Special) Gracelawn Memorial Park New Castle, Delaware 21. SIGNATURE OF FUNCTIAL SURVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY McCrery Funeral Homes, Inc. 3924 Concord Pike Wilm., Delaware the medical 23. PARTIL Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and completely filled in by burial, cremation, or remo Approximete ahock, or heart failure. List Dnly one cause on each ilne. Interval Between Onset end Deeth **IMMEDIATE CAUSE (Final** the disease or condition Carcinoma of lung resulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): attending physician al ental Hygiene prior to L prior to l if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Health and Mental Injury. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 € NO OF DEATH? 1 TYES 2 P NO has been s Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) r this certificate h h with the State [HOSPITAL OTHER: 1 TES 2 XXIO 1 XInpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 🔼 Natural 5 Pending 1 YES 2 NO L DIRECTOR: After the hours after death v BY 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 28 determined Item 29a. CERTIFIER
(Check only one)

29a. MENICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL Within 72 h IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER
D16608 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) THE F BE (fer 240 June 16, 1990 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) K. K. LEUNG, M.D., VAMC, Perry Point, Maryland 21902 32. REGISTRAR'S SIGNATURE '90 Julia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day,

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32. REGISTRADIS SIGNATURE
Julia Davidson-Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Millar Tillar Mo, DOH RAVEN

FOR 1 - STATE	STATE OF	MARYLAND /						MENTAL		E		0 102	
1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	CATE	UF	DEAI	п	2. DATE C	REG. NO.				
George Albert Car	nolos e							MONTH	DA	W a	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last							>	90	17	M	
	1 0 M 2 D F	-0	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE O (Month,	Day, Year)	IPLACE (State or Foreity)	חק		
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p - ASTO TO 1 THE REES		18-1959	1					Total Section	300			white	
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17. FATHER'S NAME (First, Middle, Last)									iddle, Maiden	Sumame)			
Frederick Canole	98					Pd	ith	Hess	ler				
19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	S (Street ar	nd Number	or Rurai	Route Number	r, City or Town	n, State, Z	p Code)		
June W. Canoles			1414	W. I	Prati	st.	, E	alto.	, Ma.	21	223		
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· Dary	L. Ke	ufme	m	(Gary 5695	L. K	auf	man F	unera Elkr	idge	. Md	. 21227	
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disease or condition resulting in death)	. se	OR AS A CONSE										10	
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Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE OF	P):									
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1 VES 2-NO 27. MANNER OF DEATH		☐ ER/Outpatient 3	-	-			sidence	a 🗆 Other		0.1.01.00mm/ -	2011077		
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2 Accident Investigation	-			М		ES 2	NO						
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29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												a) and manner as sta	led.

29c. LICENSE NUMBER

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29d. DATE SIGNED (Month, Day, Year)

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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24Hospital states death. Page 6 may be retained by the hospital or attending physician.	L DIR	Pour	populary: It has 29 is marked or from 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /			OF HE			MENTAL	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH DA		YEAR 3.	TIME OF DEATH
	Harry	G. (Confer						6	10			12:17A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	_	IF UNDER		7. DATE O	F BIRTH		B. BIRTHPLA	CE (State or Foreign
	178 24 0773	1 🔣 M 2 🗌 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	Jul	y" I6,	1929	Country	nna
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	TOWN OR	LOCATIO	ON OF DE	ATH			Y BARRA	
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1 5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT			100									The same of the sa
DIRECTOR		ward		l.		Et Ci						17	I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				2200		ZIP CODE				I 40 - 07777		YES 24 NO
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y	11. MARITAL STATUS		NT EVER IN U.S. AR	****	140								American Indian,
	1 Never Married 2 Married	FORCES?	1 THE YES 2 N			If yes, spec	Ify Cuba	in, Mexicai	n, Puerto Ri	(Specify Yas can, atc.)	OF NO-	Black, W	hita, etc.
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ĕ	20g. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or of the place of the pla												
	4 Donation 5 Other (Specify)			auow						П	Oward	Coun	СУ
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11. SIGNATURE OF FUNERAL SERVICE LICENSEE												
CYC	Harry H Witzke funeral Home Inc. 4112 Old Columbia Pike ellicott City												
200	23. PART I. Enter the diseases, or												Approximete
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final						Onset and Death						
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BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK? $6/10/90$ INJURY WORK? $1 \times 2 \subseteq N0$ Subject shot											
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At home, farm, street, fectory, office 28s, LOCATION (Street and Number or Pural Floute Number											
27 ETE	4 X Homicide determined		parkin	g lo	t				560	3 Pul	aski l	Hwy, B	alto,MD
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best	of my knowledge, d	eath occur	red at the	time, data a	and place	e, and due	to the cau	e(a) and ma	nner as state	d.	
	one) 2XX MEDICAL EXAMIN	ER: On the beels of	exemination and/or	Investigat	lon, in my	opinion, de	ath occu	red at the	time, data	and place, a	nd dua to the	cause(a) ar	nd manner se stated.
	250 SIGNATURE MID THILE OF CENTIFE						29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
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일	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITE	EM 27) (Typ	e, Print)							, -,	
						-		_				-	

111 Penn St.

Frank J. Peretti, M.D. - Assistant

31. DATE FILED (MONTH, Day, 1607)

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO		0 10231		
	1. DECEDENT'S NAME (First, Middle, Last) ELIZAGETH	Victoria E	Elizabet	h Conner		2, DATE OF DEATH MONTH D.	5 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219 56 0684		n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) October	1901	BIRTHPLACE (State or Foreign Country) Maryland		
	9e. FACILITY NAME (If not institution, give str			9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY			
8	Calvert Memoria	al Hospital		Prince	Frederi	ck	Calve	ert		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 CIT	Y, TOWN OR LOCAT	ION			10d, INSIDE CITY		
DIRECTOR	Maryland Calve	ert	100. 011		Frederi	ck		LIMITS?		
FUNERAL	100. STREET AND NUMBER P.O. Box G	N OF WHAT COUNTRY?								
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		20678 Endent of Hispan	IC ORIGIN? (Specify Yes	DISA DI NO- 14	. RACE — American Indian,		
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced		cify Cuben, Mexice 2X NO Specify	n, Puerto Rican, etc.)		Specify: White				
8	15. DECEDENT'S EDUC		16e, DECEDENT'S	USUAL OCCUPATIO	ON .	16b. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during mos se retired.)	st of working					
L	8	00.0000 (1.4.01.0.1)	house	wife		ho	me			
S O	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Malden				
BE C	William I. Wood				Virginia	a Denton				
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route No.					m, State, Zip Co	ode)		
욘	Virginia C. May		_	as #10						
	20e. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremetion 3 🗆 Ramo 4 🗆 Donation 5 🗆 Other (Specify)	aval from State	other place)	sition (Name of cent tjodist (yorTown,Sume ederick Marylan		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE US		22, NAME AN	D ADDRESS OF FA		D	1 11-		
	1 5k 5 1	TK IC		4405 1	Broomes :	Rausch		ı ноте Republic Maryla		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart fellure. List only one cause on each line. Approximate interval Between Once and Death									
	IMMEDIATE CAUSE (Finel disease or condition	TANTET TI		0570						
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE	3) //C	007/02					
N	Sequentially list conditions,	b								
CATIC	If eny, leeding to immediate cause. Enter UNDERLYING	DUE 10 (OR AS A	CONSEQUENCE (PF):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE	PF):						
빙		0,						1		
AL	PART II. Other eignificent condition		-	In the underlying	g ceuse given in	Part i. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	URINARY TRA	CI INFC	DON			1 YES	2 🗌 NO	OF DEATH?		
MEDICA								1 NES 2 NO		
ż										
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	neck only one)				
SIC	1 🗆 YES 2 🗀 NO	1 Inpetient 2 ER/Outp	patient 3 DOA	OTHER: 4 Nursing Horn	ne 5 🗆 Residence	6 Other (Specify)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. Til	JURY WO	IURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, larm,	streat, factory, offic	:0	261, LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETED	(Crieck Orlly	CIAN: To the best of my know						l, ceuse(e) end menner ee stated.		
8E CO	29b. SIGNATURE AND THUS OF CERTIFIER	00/			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		

32. DEGISTRAP'S SIGNATURE
Fulia Davidson Andsell

2

31, DATE FILED (Month, Day,

27 1990

nd

nd

BALTIMORE, MARYLAND 21203-3146 are death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-trainin permit Procession removal. nedical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACIL 10e. STA 10e. STA 11. MARI 1
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNEAL DIRECTOR. After this certificate be succided with TO THE FUNEAL DIRECTOR. After this certificate be succided within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PAF IMMED disease resultir Séquer if any, ceuse. CAUSE that ini recultir PART II 25. WAS EXAI 1

							90	18295
FOR 1 - STATE	STATE OF MARYL							
REGISTRAR		CERTIFIC	AIE OF	DEATH	REG	. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	anita	(Mark	5	2. DATE OF DEA		3. T	IME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y		BIRTHPLAC	DE (Silute or Foreign)
218-30-7277	1 - M 2 D/F 9	2 YAS.	ONTHS DAYS	HOURS MIN.	05-0	3-98	non	yland
9a. FACILITY NAME (If not institution, give to the second of the second	ath Cave C	fr "	Den	TON	ATH	Cars	elen	e
10e. STATE 10b. COUNT	L	19c. CITY, 1	OWN OR LOCA	Balte		,		INSIDE CITY LIMITS? YES 2 \(\square\) NO
10e. STREET AND NUMBER 24/3/	Toodbrook	e are	10	. ZIP CODE		10g. CITIZEN	S G	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 2110	if yes, op	CENDENT OF HISPAN ecity Cuban, Mexical 2 DAO Specify	n, Puerlo Rican, e		RACE — A Black, Whi	inerican Indien, ite, etc.
15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S US (Give kind of wor life. Do/NOT use)	UAL OCCUPATI done during me	ON ost of working	16b. KIND C	F BUSINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Mrs. Donor user	otired.)		Do	mest	ic	
17. PATHER'S NAME (First, Middle, Last)	breen	Jan Series		18. MOTHER'S NAI	ME (First, Middle, A	taiden Surneme)	gone	eln
19a. INFORMALIT'S NAME (Type/Print)	lln	PO B	ODRESS (Street	and Number or Flum	estar)	or Town, State, Zie Co	216	11
METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)	noval from State	other place)	ON (Name of ce	metery, cremetory or	1	Boltin	or Town, S	State of mil
21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	-12	22. NAME A	NO ADDRESS OF FA	CALIE	. 24	1	h
23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do not	enter the mo	ode of dying, such	an cardiac or	respiratory erres	Mai	Approximate
ahock, or heert fallure. IMMEDIATE CAUSE (Final	List only one cause on a	ech line.	1	0	,			Interval Between Onset and Death
disease or condition resulting in death)	O. HASTU	CONSEQUENCE OF):	nal	Kenn	whey	e		14
Séquentielly list conditions, if any, leeding to immediate	bDUE TO (OR AS A	CONSEQUENCE OF):						
ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	CDUE TO (OR AS A	A CONSEQUENCE OF):						
resulting in deeth) LAST	d							
PART II. Other aignificant condition				g cause given in	Part I. 24s. V	AS AN AUTOPSY ERFORMED?		RE AUTOPSY FINDINGS ILABLE PRIOR TO
Renal en	ufficien	ey also	aje		1 1	YES 2 DIPNO	DF I	MPLETION OF CAUSE DEATH? YES 2 NO
	,,	0						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MANO	HOSPITAL:	patient 3 DOA 4	THER:	LACE OF DEATH (Ch		(v)		
27. MANNER OF DEATH 1 PM Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME (OF 26c. IN	JURY AT DRK?		HOW INJURY OCCUI	RED	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — A1 home, ferm, stre		YES 2 NO	28f. LOCATION (City or Town	Street and Number or	Rural Route	Number,
4 Homicide determined					111			
Constant and	SICIAN: To the best of my know ER: On the basis of examination							manner as stated
			, -piii					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANDREW PO BUX

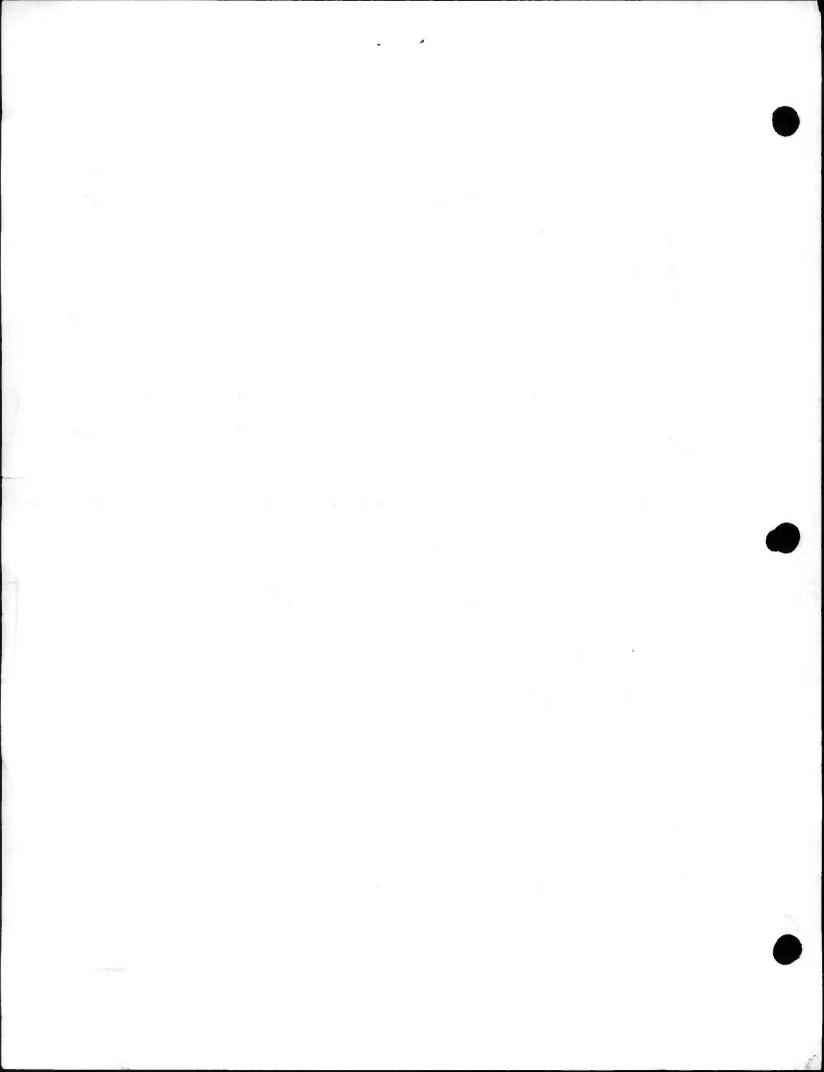
32. REDISTRAR'S SIGNATURE

31. DATE FILED (Month, Dey, Year)
JUN 1 9 90

S	STATE OF MARYLAND / DEPARTMENT CERTIFICATE	MENTAL HYGIENE REG. NO.
Last)	1	2. DATE OF DEATH MONTH DAY

	1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE	
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH DAY YEAR 1839 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 218-72-4424 10 M 2 F 75 YRS. MONTHS	1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign Country). 6
_	270 22 6/27	TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	Koma tark Prince George
	Md. Talbot Eas	DRACCATION 10d. INSIDE CITY LIMITS? 1 YES 2 A NO
BY FUNERAL	100 STREET AND NUMBER	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
	1 Never Married 2 Married FORCES? 1 YES 2 NO	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Ciban, Mexican, Puarto Rican, atc.) 1 YES 2 NO Specify: Specify:
	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL O	Black
֚֚֚֚֡֡֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done life. Do NOT use retired to the control of the control o	STORE ROOM -
COMPLETED	17. FAIHER'S NAME (First, Middle Lest)	18. MOTHER'S NAME (First, Middle, Meidel Surname)
O BE	190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS	Saka Wilson Cooper (Street and Number or Rural Route Number, City or Town, State, Zip Code)
=	GEORGENE OF Thompson K+#2 5	sox 835 St. Michaels. Md. 2/663 some of competery, competery or 20c, LPCATION — City or Town, State
	1 Deutei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22.	elds Community Coppels Ville, Md.
	Bonn: Xmith	Pennie Smith France Home Hughak Mi
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter shock, or heart fellure. List only one cause on each line.	Interval Between
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Onset end Deeth
Z	DIE, TO (ON AS CONSEQUENCE OF):	tithe
RIIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	- Suptanco
H	thet initiated events resulting in death) LAST	
AL CE	PART II. Other algnificent conditions contributing to deeth but not resulting in the un	nderlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO
MEDIC	My man family	1 YES 2 NO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 In Impatient 2 ER/Outpetient 3 DOA 4 Nu	R: rsing Home 5 - Residence 8 - Other (Specify)
ВУ РН	27. MANNER OF DEATH 1	28d. INJURY AT WORK? 1 YES 2 NO
	3 Suicide 8 Could not be 4 Homicide 8 Could not be building, atc. (Specify)	tory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the	time, date and place, and due to the cause(s) and manner as stated. opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.
BE CO	290. SIGNATURE AND TITLE ON CONTINEN	25c LICENSE NUMBER 25d. DATE SIGNED (Martin Par Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	410101414
	31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE	
	JUN 19'90 Julia Territor Pandale	





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

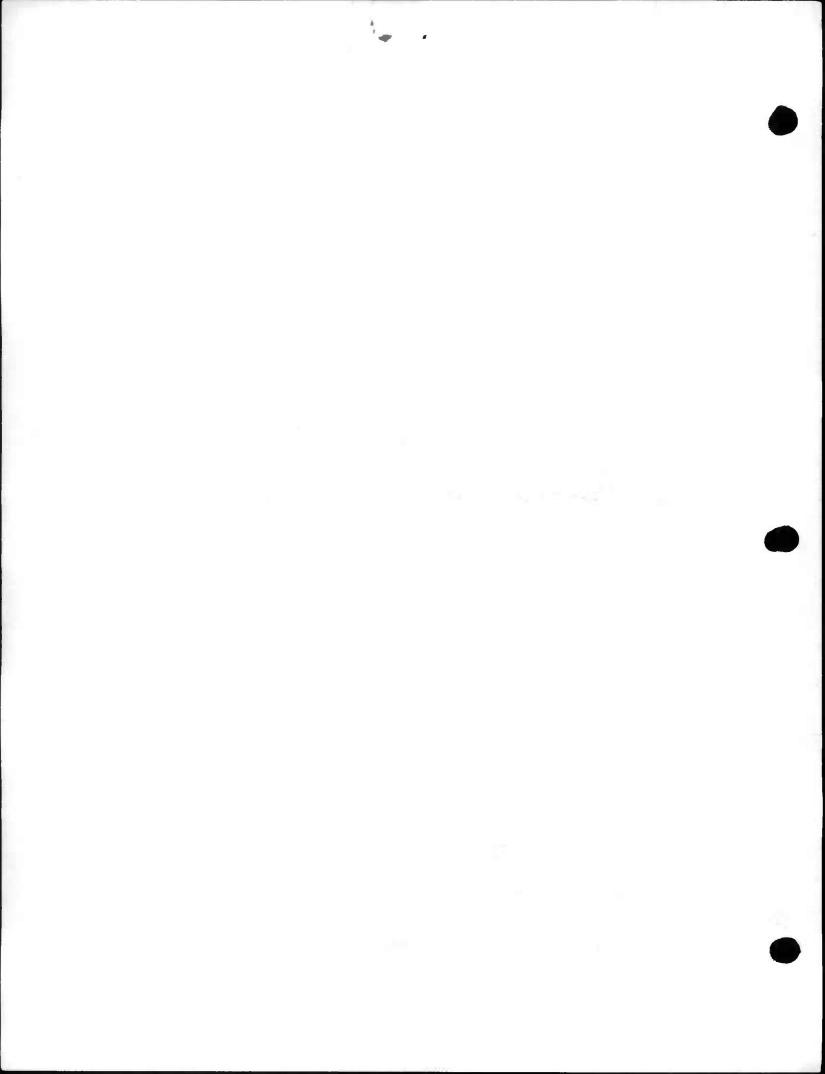
1 - STATE REGISTRAR	OINIE OI I	C	ERTIFIC				MENINE	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE	OF DEATH		YEAR 3.	TIME OF DEATH
Bertha	Car	roll	Cc	orrozi	Ĺ		6-	17-90 AV		EAH	9:45AM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE		UNDER 24 HRS.	7. DATE O	OF BIRTH , Day, Year)	8	. BIRTHPL Country)	ACE (State or Foreign
215-26-5877	1 🗌 M 2 🔀 F	61	YRS.	HONTHS DA	AYS HO	DURS MIN.		13 29	М		Land
9a. FACILITY NAME (If not institution, give s	treet and number)		1	9b. CITY, TO	WN OR L	OCATION OF D	EATH		9c. COUNT	Y OF DEA	ГН
Peninsula Genera	al Hospit	al		Salisbury Wicomico County							County
RESIDENCE OF DECEDENT			1	Y, TOWN OR LOCATION 10d. INSIDE CITY							
10e. STATE 10b. COUNT					_						DI. INSIDE CITY LIMITS?
Delaware New	Castle		MIT	.ming		P COOE			40 017177		YES 2 NO
2311 Frederic	k Avenu	е	19805						U.S.A.		
11. MARITAL STATUS	12. WAS OECEOEI	T EVER IN U.S.				DENT OF HISPA y Cuben, Mexic			or No— 1	4. RACE -	- American Indien, White, atc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced		MAR OR DATES			YES 2					Specify:	
	CATION	140.	DECEDENTIA II	1	BATION		405	KIND OF BUS	NESC (NICH	<u>whi</u>	te
15. DECEDENT'S EDU (Specify only highest grade	completed)		DECEDENT'S U (Give kind of wo life. Do NOT use	ork done durin	ng most of	of working	180.	KIND OF BUS	INESS/INDU	SIMY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	usine		ana	ger	a	uto d	eale	rsh:	ip
17. FATHER'S NAME (First, Middle, Last)					18	8. MOTHER'S N	AME (First, A	Alddle, Meiden S	Surneme)		
Frank C. Braud	chle					Carol	ine	Seama	n		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Si	treet and f	Number or Rural	Route Numb	ber, City or Town	, Stete, Zip C	ode)	
Wade P. Carro			9805	Shar	on	Ct. F	airf	ax, V	A 2	2032	2
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	5/21/90 loval from State	other	ACE OF DISPOSITION (Name of cometery, crematory or er place) dlawn Memorial Park					20c. LOCATION — City or Town Easton, MD			n, State
4 Donetion 5 Other (Specify)	ĈENSEE	_ <u> </u> wooo	lawn			ADDRESS OF F		Las	ton,	MD	
V/ /	deve "	J CF	-5P.	New	nam	Fune Mar	ral				
23. PART I. Enter the diseases, or ahpok, or heart fallure.									ratory srre	st,	Approximate Interval Between
IMMEDIATE CAUSE (Final	Liat Only Dila Ca	use Dil gaçti il	11g.								Onset and Death
diaasaa or condition resulting in death)	Multip	le inju	ries								
	DUE TO	OR AS A CON	SEOUENCE OF):							
Sequentially list conditions,	b	O (OR AS A CON	SEQUENCE OF):							
If any, leading to immediate cause. Enter UNDERLYING	•										
CAUSE (Diseese or injury that initieted events	DUE TO	OR AS A CON	SEOUENCE OF):							
resulting in death) LAST	d										
PART II. Other algnificent condition	ns contributing t	o daeth but no	t reaulting is	n the unde	riying c	euse givan i	Part I.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
								1/TX-YES 2			COMPLETION OF CAUSE OF DEATH?
								***			YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	CE OF DEATH (C	heck only or	ne)			
				OTHER:			0 - Oth-	er (Specify)			
XXXXYES 2 NO	HOSPITAL:	ER/Outpetlent	3 DOA	4 - Nursing	g Home	5 Reeldence	8 L Othe				
27. MANNER OF DEATH	28e, DATE C	F INJURY	28b. TIME	OF 28	Bc. INJUR WORK	IY AT	28d. DE	estria	n str	uck	by auto
27. MANNER OF DEATH 1 Natural 5 Pending Accident Investigation	28e. DATE C (Month, 6-17) 28e. PLACE	FINJURY Day, Year) -90 OF INJURY — AT	8:50	OF 28	Be. INJURY WORK 1 YES	Y AT	28d. DES	estria	n str	uck or Bural Bo	by auto
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE C (Month, 6-17) 28e. PLACE	Dey, Year)	8:50	OF 28	Bc. INJURY WORK 1 YES	IY AT	28d. DE: Ped 281. Loc 431	estria CATION (Street & Of Toyo, State)	n str nd Number of /Cost	uck or Rural Ro al H	gwy.Ocean
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined	28e. DATE C (Month) (————————————————————————————————————	F INJURY Day, Year) -90 OF INJURY — At g, etc. (Specify)	28b. TIME (NJ) 8 : 5 (home, ferm, a	OF 28 PAN Treat, factory ROS	Be. INJURY WORK 1 TYES y, office 3d	YY AT YY S YY NO	28d. DE: Ped 28f. Loo 43T	estria CATION (Street a d Topus, State) d St. WOIC Use(a) end mer	n str /Cost ester	uck or Rurel Ro al H Cou	gwy.Ocean
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suitelde 8 Could not be datermined 29e. CERTIFIER 1 CERTIFYING PHYS	28e. DATE Control (Month) 6-1.7 28e. PLACE building	F INJURY Day, Year) -90 OF INJURY — At g, etc. (Specify)	28b. TIME (NJ) 8 : 5 (home, ferm, a	OF 28 PAN Treat, factory ROS	Bc. INJURY WORK 1 YES 4, office Ad 4, date en	YY AT YY S YY NO	28d. DE: Ped 28f. Loo 43T CILY is to the case time, date	estria CATION (Street a d Topus, State) d St. WOIC Use(a) end mer	n str /Cost ester iner as state d due to the	r Rural Ro al H Cou d. cause(e)	gwy • Ocean Try • MD end menner ex stated. Month, Day, Year)
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIONE)	28e. DATE Co. (Month). 6—1 / 28e. PLACE building.	FINJURY Day, Year) -90 OF INJURY — AT g, etc. (Specify) of my knowledge, remination and	28b. TIME (NJ) 8 : 50 home, ferm, a death occurre for investigation	treat, factory ROS	Bc. INJURY WORK 1 YES 4, office Ad 4, date en	Y AT (? XY NO nd place, end do th occured at th	28d. DE: Ped 28f. Loc 43T Ly te to the case time, date	estria CATION (Street a d Topus, State) d St. WOIC Use(a) end mer	n str /Cost ester iner as state d due to the	r Rural Ro al H Cou d. cause(e)	gwy Ocean

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Morith, Day, Year)

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the formal property of the major of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE STATE OF MARIE	CERTIFIC	ATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Stutson		Denn:	is	5-20-90	Y YEAR	3:00PM M
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lest birthdey) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	214-18-47/8 18M2 OF	45 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	19711 Coun	try)
	9a. FACILITY NAME (If not institution, give street and number)	60	CITY TOWN OF	LOCATION OF DE		9c. COUNTY OF	NEATH DEATH
~		30					
2	Peters Avenue		Princ	cess Ann		Somerse	et County
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATIO	ON .			10d. INSIDE CITY
E	Ma. Somersi	7 7	<	· Wane	7		LIMITS?
	10e. STREET AND NUMBER		INCKSS	ZIP CODE		10~ CITIZEN OF	WHAT COUNTRY?
A	B. Jur Dr. to	1	101.	7100		11	C
밀	DOX 343 DATION S)/,		21833		U,	Dy
FUNERAL	11. MARITAL STATUS 1 Naver Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED			IC ORIGIN? (Specify Yea n, Puarto Rican, aic.)	or No- 14. RAC Blac	CE — American Indian, ck, White, atc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 TYES 2	NO Specify.	•	Spe	oty: Rluck
	1s. DECEDENT'S EDUCATION	16a. DECEDENT'S US	I COCURATION		18b. KIND OF BUS	I I	DIMES
	(Specify only highest grade completed)	(Give kind of work	done during most	of working	100. KIND OF BUS	1 - 1	
芦	Elamentary/Secondary (0-12) College (1-4 or S+)	SHIF	E 1.		RETAI	SALE	5
COMPLETED	10	1261	-mp10	yzu			
8	17. FATHER'S NAME (First, Middle, Last)		·	18. MOTHER'S NA	ME (First, Middle, Malden	Sumame	
띪	Philip Viennis			JAIII	E E OI	ACN30	7
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING AD	DRESS (Street an	-	Oute Number, City or Town	n, State, Zip Code)	21853
-	HAROLD HA DENALS	POX =	343 D	Arlon.	27: Frince	35 Hnn	VXd
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from Stata	other place)	ON (Name of ceme	etery, crematory or	20c. LO	CATION — City or 1	Town, State
- 1	4 Donallon S D Other (Specify)	701	IN WE	SIEY	Pri	nckss/	tone Mus
	21. SIGNATURE OF BENERAL SERVICE LICENSEE		22. NAME AND	ADDRESS OF FAC	CILITY	Prince	SS ANNE
	Mathewa E. Mary)	103	HAMOd	EN HUK	AAS	7.1967
	23. PART i. Enter the diseases or complications that cause	and the death. Do not	antau the med	a of dula care	a condica ou mont	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Approximata
	ahock, or haert fellure. Liet only one cause or		arital tha mou	a or aying, suci	raa cardiac or respi	imibiy mirest,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition Hymortonic		-				Onset and Death
J	resulting in death) a. Tryper certs	ive cardio	vasculai	diseas	e		
ı	DUE TO (OR A	S A CONSEQUENCE OF):					
S	Sequentially list conditions, b.	O A CONCEOUENCE OF					
Ĕ	If eny, leading to immediate cause, Enter UNDERLYING	S A CONSEQUENCE OF):					
5	CAUSE (Disease or Injury C.	S A CONSEQUENCE OF):					
Ē	thet initiated events resulting in death) LAST						
CERTIFICATION	d						
	PART II. Other significant conditions contributing to deat	h but not resulting in	the underlying	cause given in			Ib. WERE AUTOPSY FINDINGS
2	Bilateral hydronephrosis				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
8							OF DEATH?
Σ					—	1	VV TES 2 INO
A	25. WAS CASE REFERRED TO MEDICAL		00 01	OF OF BEATU (C)	ank anti anni		
PHYSICIAN: MEDICAL	EXAMINER? HOSPITAL:		THER:	NCE OF DEATH (Ch			
YS	Ì ☐ Înpatiant 2 ☐ ER/C				6 Other (Specify)		
H	27. MANNER OF DEATH 28a. DATE OF INJUI (Month, Day, Yes	RY 28b. TIME (Y WOF	IK?	26d. DEŞCRIBE HOW I	NJURY OCCURED	
ВУ	2 Accident Investigation			ES 2 NO			
Ω	3 Suicide 8 Could not be 4 Homicide determined	JRY — Al home, farm, stre Specify)	et, factory, office		28f. LOCATION (Street and City or Town, State)		I Route Number,
COMPLETED	4 Homeroe determined						
PL	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kr	nowledge, death occurred	at the time, data	and placa, and dua	to the cause(a) and me	nner sa stated.	
OM	MEDICAL EXAMINER: On the beale of examine	ation and/or investigation,	in my opinion, de	ath occured at the	time, date and place, er	d due to the cause	e(a) and manner as stated.
	29b. SHATINE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d, DATE SIGNI	ED (Month, Day, Year)
BE	Muhior (Della Ce	_	j	OCME			-21-90
5	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type Pr	rint)				-
	Margarita A. Korell,MD			n Ctroc	+ Dal++	- MD 211	001 -
		IGNATURE		m stree	t,Baltimor	e,MD ZIZ	201 vo
	MAY 24 '90 Julia D	ignature avidson-Randal	2				
	1 1 1 1 1 1 1 1 1 1						

TO BE COMPLETED BY FUNERAL DIRECTOR

DALIMONE, MANILAND	ate be executed within a function of the hosp of may be retained by the hosp	ysician and completely filled in by the funeral director, page 5 should be detached prior to burial, cremation, or removal.	r traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOA 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X curs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or either traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	0	F DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE		
1. DECEDENT'S NAME (First. Middle, L	yrtle Elizab	eth Deir	nlein		2. DATE OF DEATH	.5-90 *	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-05-1698	1□M2¤F 91	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-28-1	899	BIRTHPLACE (State or Foreign Country) Maryland
90. FACILITY NAME (If not institution, of				na Park		9c. COUNTY	of DEATH
10s. STATE 10b. CO			own or Locat	. 42.5			10d. INSIDE CITY LIMITS? 1 YES 21 NO
10e. STREET AND NUMBER	rcroft Dr.			21108	3	10g. CITIZEN	USA
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	277 NO	If yee, spe		IC ORIGIN? (Specify 1, Puerto Rican, etc.)	Yee or No 14.	RACE — American Indien, Black, White, stc. Specify: White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo stired.)	DN st of working		usiness/indus	
17. FATHER'S NAME (First, Middle, Las		House	wire	46 MOTUED'S NA	ME (First, Middle, Maid		
William Fr		o++			aret Fr		a Wagner
t9e, INFORMANT'S NAME (Type/Print)	ankiin benn	_	DRESS (Street a		Toute Number, City or 1		
Mary Iron	S	816	Ceda	rcroft	Dr. Mil	lersvi	lle, Md.
20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify)	Removal from State	PLACE OF DISPOSITION Of the place)	ON (Name of cer		20c.	LOCATION - City	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	0	Har		Guneral Ave. An		is, Md.
23. PART I. Enter the diseases shock, or heart fell iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. DUE TO (OR AS A		enter the mo	de of dying, suci	h ee cerdiec or red	epiratory erres	Approximate Interval Between Onset and Death IUIL IOUA
PART II. Other significant cond	ditions contributing to death b			g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC			26. P	LACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1 - topatient 2 - ER/Outp		THER:	ne 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigs		28b. TIME C	Y WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED
3 Suicide e Could no		' — At home, farm, stre	et, factory, offic	:	281. LOCATION (Stre City or Town, St	eet and Number or ate)	Rural Route Number,
Conson only	PHYStCIAN: To the best of my know AMINER: On the best of examination						
29b. SIGNATURE AND PITLE OF CE	Mullis 7	no		29c. LICENSE NUI	375	29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF OR	ATH (ITEM 27) (Type, Pi	rint)	,			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						

20. 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

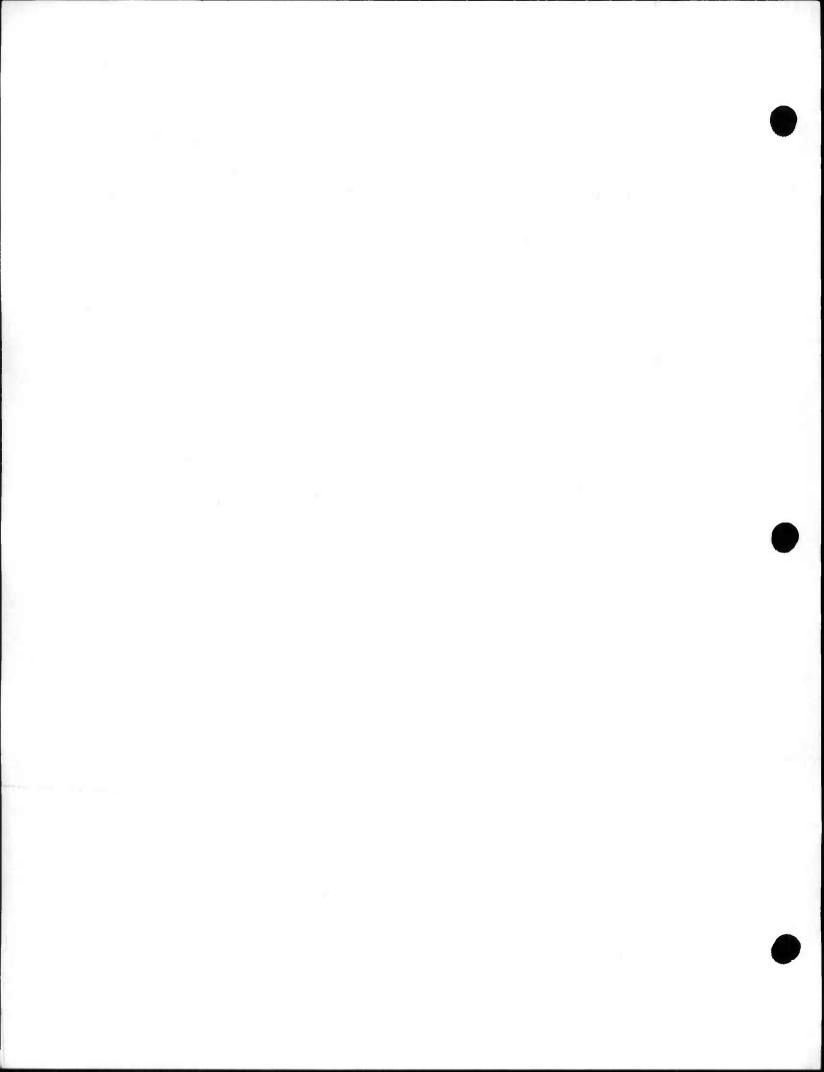
					CAIL	OF DEATH		REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF MONTH	DEATH	,	YEAR	3. TIME OF D	EATH
Kate Davi	S						June	1		990	7:30	Р
4. SOCIAL SECURITY NUME	BER	5. SEX 8.	. AGE (in yrs. last		IF UNDER 1 YE		7. DATE OF (Month, D		8	B. BIRTNE Country	PLACE (State o	Foreign
215-36-480		1 🗆 M 2 🔀 F	85	YRS.	MONTHS DA		05/19			One	go, W	.VA
9e. FACILITY NAME (If not in						WN OR LOCATION OF O	EATH	1	9c. COUNT			
AMI DRS H		OF PG CC	DUNTY		Lan	ham			PIL	nce	George	2
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR L	OCATION					10d. INSIDE C	ITY
Maryland	Prince	George's	5	R	liverd	ale					YES 2	□ NO
10e. STREET AND NUMBER						101. ZIP CODE		Ī	10g. CITIZE	EN OF W	HAT COUNTRY	r
5908 Musta	ng Dri					2073					.S.A.	
11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Divo		12. WAS DECEOENT E FORCES? 1 [IF YES, GIVE WAR	YES 2X N		If ye	DECENDENT OF NISPA s, specify Cuben, Mexic YES 2 NO Speci	an, Puerto Ric		or No— 1	I4. RACE Black, Specify		
		47/04/	40. 00	OF OF STREET	101141 00011	DATION	401 14	NO OF BUO	1	IOTOV	White	3
(Specify onl	y highest grade of	completed)	(Gi	Ve kind of wo Do NOT use	JSUAL OCCU ork done during retired.)	PATION g most of working	16b. K	IND OF BUS	mess/INOU	THIC		
Elementary/Secondary (I	0-12)	College (1-4 or 5 +)						0	Hem	2		
8th	floidle (c=4)		- H0	mema	ker	16. MOTHER'S N	ME (El-) Att		Home	e		
								IGIO, Maiden S	surname)			
John W. Bo						Unkno		01:	David We 1	0.4.1		
Geraldine						reet and Number or Rural					d 207	37
			7			of cemetery, crematory or	111101		ATION — C			51
20s, METNOO OF OISPOSIT 1 X Burlel 2 Commette 4 Donation 5 D Other	on 3 🗆 Remo r (Specify)	val from State	Ft. L	incolr	n Cem	eter/y		Bre	ntwo	od,	Maryl	and
21. SIGNATURE OF FUNERA	SERVICE LIGI	INSEE				E AND ADDRESS OF F			Ham	_ [) A	
►/4k.	M	1 3.16	2			ncis Gascl 9 Baltimor						20701
23. PART I. Enter the d	leesees, or co	omplications that	ceused the de	eth. Do no							Approx	
ehock, or h	eert fellure. L	lst only one ceuse					1				Interva	Between
IMMEDIATE CAUSE (Fil disease or condition	nal	11	end	Cil	12e	5 minu	Low	, 0	me	7	Onset	and Death
resulting in deeth)		. 1120	100	- 0								
		DUE TO (O	R AS A CONSEC	DUENCE OF): <i>} j</i>	4	IV			> {		
Segrentially list condi-	tions of b	Jone	sesti	H	Hea.	I Fan	lun	0-1		. (
Sequentially list condi- if any, leading to imme	diate	Jone	OR AS A CONSECUTIVAS A CONSECUTIVAS A	H	Hea.	I Fan	lun	0-1		. /		-
If any, leading to imme ceuse, Enter UNDERLY	diate	DUE TO GO	SPAS A GONSEC	WENCE OF	Car	I Fandion	lung.	o d	iz.			
if any, leading to imme ceuse, Enter UNDERLY CAUSE (Disease or Inju that Initiated events	diate ING ury	DUE TO GO	sesti	WENCE OF	Car	I Fan	lus p	ad	y			
If any, leading to imme ceuse, Enter UNDERLY CAUSE (Disease or Inju	diate ING ury	DUE TO GO	SPAS A GONSEC	WENCE OF	Car	I Fan	lung.	o-tad	y			
if any, leading to imme ceuse, Enter UNDERLY CAUSE (Disease or Inju that Initiated events	ring ury	DUE TO (C	DR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	U () DUENCE OF	Heori Car	tan dig ru	luot	La J		24b.	WERE AUTOPO	
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If any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injithat initiated events resulting in deeth) LAS PART II. Other significations of the control of the contr	odlate ING or or or or or or or or or or or or or	DUE TO (O DUE TO (O CONTRIBUTING TO d	OF AS A COMME	QUENCE OF	Can):	28. PLACE OF DEATN (C	heck only one)	PERFOR	MED?	24b.	AMAILABLE PR COMPLETION OF DEATH?	OR TO DF CAUSE
If any, leading to imme couse, Enter UNDERLY CAUSE (Disease or Injust Initiated events resulting in deeth) LAST PART II. Other significations was case referenced to the country of the co	odlate ING or or or or or or or or or or or or or	DUE TO (O DUE TO	OR AS A CONSECUTION OF THE PROPERTY OF THE PRO	DOA 205, TIME	OTHER:	26. PLACE OF DEATN (C Nome 5 Residence	heck only one)	PERFOR	MED?		AMAILABLE PR COMPLETION OF DEATH?	OR TO DF CAUSE
If any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injithat initiated events resulting in deeth) LAS PART II. Other significations of the company of the compa	or MEDICAL Pending	DUE TO (O DUE TO	OR AS A CONSECUTION OF THE PROPERTY OF THE PRO	DOA	OTHER: 4 Nursing	26. PLACE OF DEATN (C	heck only one)	PERFORI	MED?		AMAILABLE PR COMPLETION OF DEATH?	OR TO DF CAUSE
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If any, leading to imme ceuse, Enter UNDERLY CAUSE (Diseese or injust intainitiated events reaulting in deeth) LAS PART II. Other algnification in the interest of the interes	ent conditions TO MEDICAL Pending investigation Could not be determined	DUE TO (O DUE TO	OR AS A COMMEC BERVOutpatient 3 NJURY (Year) INJURY — At ho	DOA 26b. TIME INJU	OTHER: 4 Nursing E OF Warrent, factory,	Nome 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 6 Other (28d. DESCI 28t. LOCAT City or	PERFORI 1 YES 2 Specify) RIBE HOW II FION (Street a Kwin, State)	MED? NO	URED or Rural R	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	OR TO DF CAUSE
If any, leading to Imme ceuse. Enter UNDERLY CAUSE (Disease or Inji that Initiated events resulting in deeth) LAS PART II. Other signification of the ceuse of t	ent conditions TO MEDICAL Pending Investigation Could not be determined	DUE TO (O DUE TO	DR AS A COMMEC BERVOutpatient 3 NJURY — At ho INJURY — INJURY — At ho INJURY — INJU	DOA 26b. TIME INJU	OTHER: A Nursing E OF War Marsing A treet, factory, and at the time	26. PLACE OF DEATN (C Nome 5	heck only one) 6 Other (28d. DESC 26t. LOCAT City or	PERFORI I YES 2 Specify) RIBE HOW IF	MED? NO NO NO NO NO NO NO NO NO N	URED or Rural R	AMALABLE PR COMPLETION OF DEATH? 1 VES 2	IOR TO DF CAUSE NO
If any, leading to Imme ceuse. Enter UNDERLY CAUSE (Disease or Inji that Initiated events resulting in deeth) LAS PART II. Other signification of the ceuse of t	Pending Investigation Could not be determined	DUE TO (O DUE TO	DR AS A COMMEC BERVOutpatient 3 NJURY — At ho INJURY — INJURY — At ho INJURY — INJU	DOA 26b. TIME INJU	OTHER: A Nursing E OF War Marsing A treet, factory, and at the time	Nome 5 Residence C. INJURY AT WORK? YES 2 NO office dete end place, end du on, death occured at th	heck only one) 6 Other (28d. DESCI 26t. LOCAT City or	PERFORI I YES 2 Specify) RIBE HOW IF	MED? NO NO NO NO NO NO NO NO NO N	URED or Rural R	AMALABLE PR COMPLETION OF DEATH? 1 YES 2 Route Number,	OR TO DF CAUSE NO NO
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

06, 50 MARIO

DHMH-16 Ray 1/89

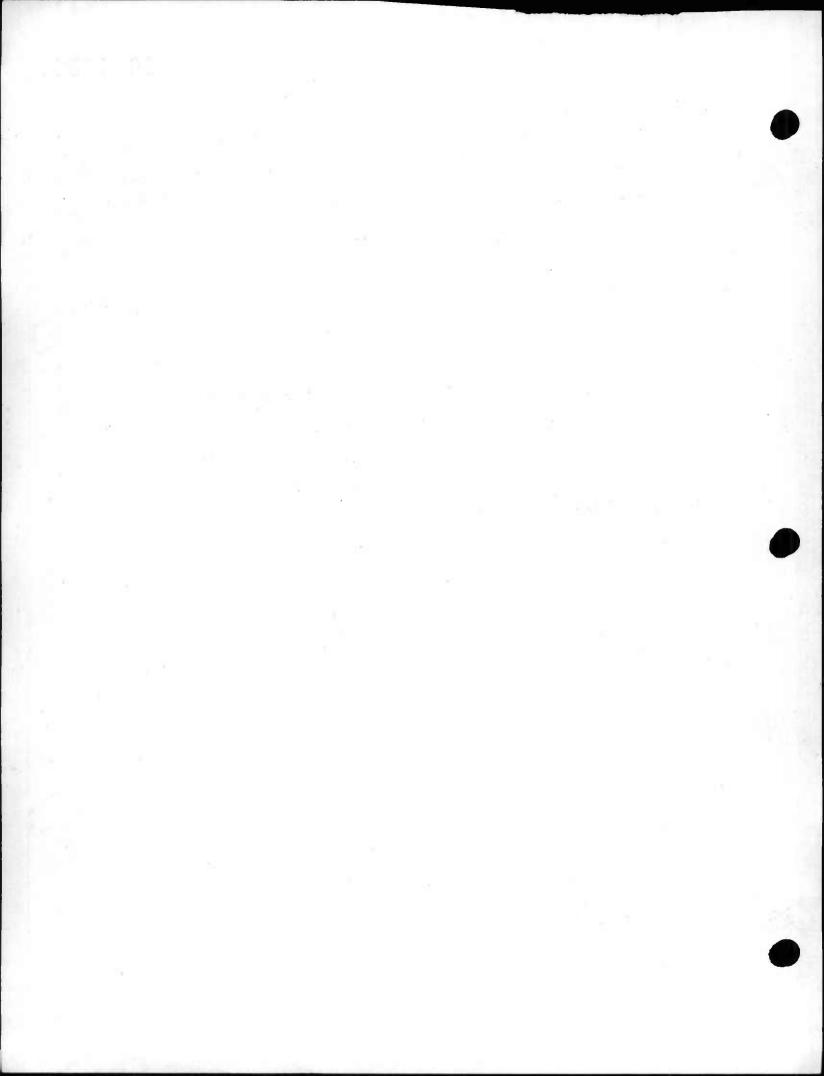


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CEF	RTIFIC	CATE C	F DEATH	F	REG. NO					
1. DECEDENT'S NAME (First,	, Middle, Last)						2. DATE OF	OEATH			3. TIME C	F DEATH	
Virgi1	01in	Dolly,	Jr.				June	15,	199	OYEAR	6:45	A.	М
4. SOCIAL SECURITY NUMBER 213-24-9972	ER	5. SEX 8. AG	IE (In yrs. lest bi		IF UNDER 1 YEA		7. DATE OF I	BIRTH By Ybar)		8. BIRTH Countr			ign
9e. FACILITY NAME (If not in	stitution, give st		01	2 1 1 1 1	9b. CITY. TOV	/N OR LOCATION OF D	July 1	.3, I		W.V	irgir	nia	
336 Wins1	ow Rd.					on Hill					Geor	ge's	
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSI	DE CITY	
Maryland		ce George's		0x	on Hi							2X N	0
100. STREET AND NUMBER 336 Win:		oad				20745			-	U.S.	VHAT COU	NTRY?	
11. MARITAL STATUS 1 Never Married 2 🛣 3 Widowed 4 Divo		12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	S 2 3NO	D	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2. NO Specific	an, Puerto Rica		s or No—		E — Americk, White, et		1
15. DEC (Specify onl	EDENT'S EDUC y highest grade	CATION completed)	18e. DECE (Give	DENT'S U	SUAL OCCUP	ATION most of working	16b. K#	ND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (i	l-12)	College (1-4 or 5+) 5+	1		retired.) anage1		Was	hing	ton (Gas I	Light	Co.	
17. FATHER'S NAME (Flist, M Virgil (olly, Sr.				18. MOTHER'S NA	ta E.						
190. INFORMANT'S NAME (eet and Number or Rural							
Lucille Be						Rd., Oxo							
20a, METHOD OF DISPOSIT 1 ☑ Burlel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	Fort	Linco	rion (Name o o1n Ce	emetery, cremetory or			n two		_{wn, State} Iary1	and	
21, SIGNATURE OF FUNERA	L SERVICE LIC	ENBEE / /	(1		22. NAM	E AND ADDRESS OF F					Idl y 1	and	
· Hear	ge!	Thala	1			orge P. Ka 50 Oxon Hi					Md.		
23. PART Î. Entar tha d shock, Dr h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	aart fallure.	a. Ceur	and the death and line.	ENCE OF	10	mode of dying, such		or resp	iratory a	rest,	inte	proximat erval Bet eet end l	ween
Sequentially liet conditions, leading to imme causa. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diata ING ury	. Dia	S A CONSEQUE	6					<u> </u>				
PART II. Other significa	ant condition	s contributing to deat	h but not res	witing in	the under	lying ceuse given in	Part I. 24		AUTOPSY	248	. WERE AU		
							1	PERFO			OF DEATH	E PRIOR TO TION OF CA 17	USE
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	6. PLACE OF DEATH (C							
1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH 1 ☑ Natural 5 ☐	Pending	28a. DATE OF INJUI (Month, Day, Yes	RY	28b. TIME	OF 28c	Home 5 & Residence INJURY AT WORK?	8 Other (S	,	INJURY O	CCURED			
2 Accident 3 Suicide 6	Investigation Could not be	28e. PLACE OF INJ building, etc. (JRY — At home Specify)	e, ferm, at		YES 2 NO	281. LOCATH	ON (Street Town, State		er or Rural	Route Numi	ber,	-
4 Homicide	determined												
and and		CIAN: To the best of my kins: On the basis of sxamin									e) end mer	iner ee sta	ned.
29b. SIGNATURE AND TITLE	OF CERTIFIER	a a	2 PM	1		29c. LICENSE NU	-				15, I		
30. NAME AND ADDRESS O		o COMPLETED CAUSE OF				ve., Lando		11s				. , , ,	
31. DATE FILED (Month, Day,					-til A	TO., Dand	7761 111	,		207			
JUN 18"	90	guna Davids	on-Hand	ملك									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



3. TIME OF DEATH 9:5

DHMH-16 Rev 1/89

2154

2. DATE OF DEATH 6/14/90 MONTH JUNE 14 1990

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	rithic	letel
46	w pa	omo
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	NEBAL DIRECTOR. After this certificate has been signed by the attending physician and completely
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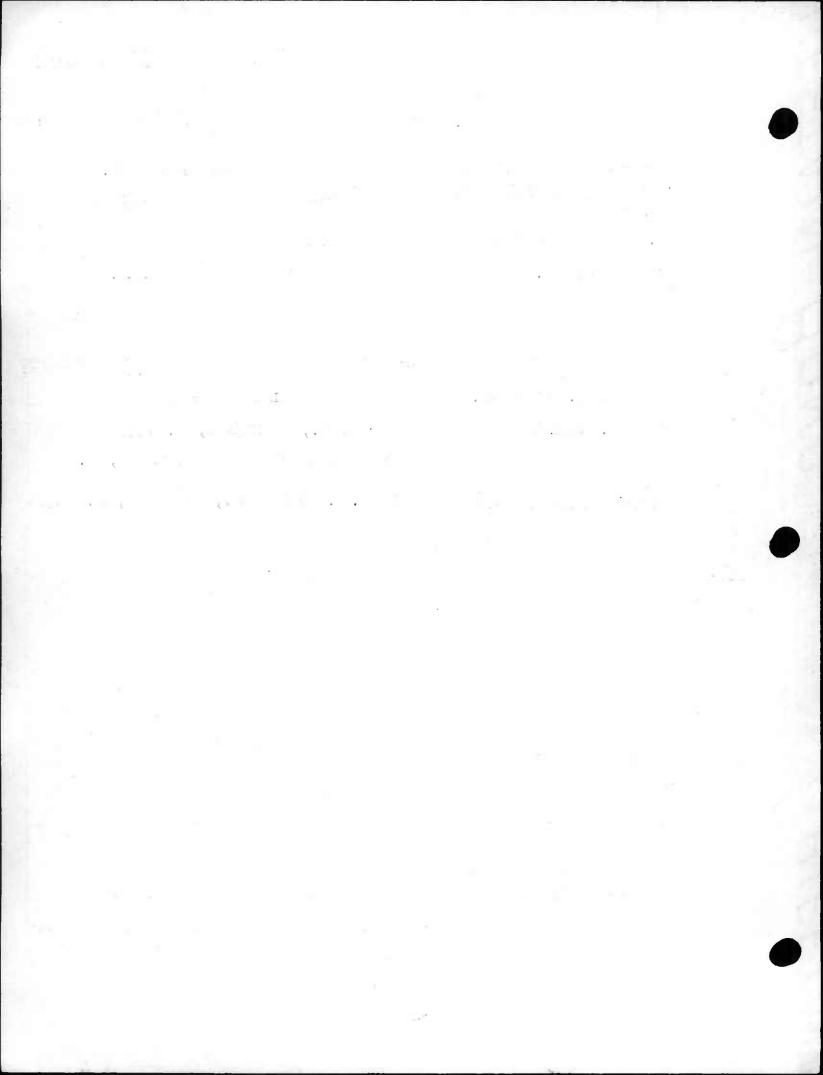
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)	
	162-28-9742		54 YRS.	MONTHS DAYS	HOURS MIN.	MARCH 22	,1936		
OR	90. FACILITY NAME (If not institution, give SHADY GROVE ADV	EMPIST HOSP	TAL HOSD,		OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH MONTGOMERY		
ECTO	RESIDENCE OF DECEDENT		1000 00	Y, TOWN OR LOCA	TION				
DIR	MD. MC	NIGOMERY	you. Cr	ROCK	VILLE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 214 DAWSON A	Tro		10	r. ZIP CODE	0		EN OF WHAT COUNTRY?	
JNE	214 DAWSON A	12. WAS DECEDENT EVE	R IN U.S. ARMED	13, WAS DEC	2085	IIC ORIGIN? (Specify Ye		S . A . 14. RACE — American Indian,	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 NO DATES	It yes, ap		n, Puerto Rican, etc.)		Black, White, etc. Specify: WHITE	
ETED	15. DECEDENT'S EDU (Specify only highest grad	e completed)		Work done during me		16b. KIND OF BU	SINESS/INDU	JSTRY	
PLE	Elementary/Secondary (0-12)	Collega (1-4 or 5+)		ETARY		9	OX &	HANNA ARCHITEC	
COMPL	17. FATHER'S NAME (First, Middle, Last)			W T	16. MOTHER'S NA	ME (First, Middle, Malder			
BE (ROBERT H.	BRAUN JR.					KAY		
2	19a. INFORMANT'S NAME (Typo/Print) DIANE D. JAN	TEC				Ploute Number, City or Tox			
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO			NINGTOWN.		9557 Sty or Town, State	
	1 Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	neval from State	other place) CHA	MBERS C	REMATORY		RIVER	DALE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	17.0	22. NAME A	ND ADDRESS OF FA	CILITY			
	1/1/1/ (K	mbersal	2 мооо9	ı W. W	. CHAMBE	RS CO F	IVERD.	ALE, MD. 20737	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDS AMILIBLE PRIOR TO COMPLETION OF CAUSO OF FREEDRY								
								OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			PLACE OF DEATH (Ch	eck only one)			
YSi	1 YES 2 NO	1 Inpetient 2 - ER/O				e 🗆 Other (Specify)			
1	1 Natural 5 Pending	(Month, Day, Yea	TY 28b. TII	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined 4 Homicide Could not be determined determined								
COMPLET	TOWN ONLY	SICIAN: To the best of my kr						ed. o cause(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	HI WILL	200	nD	29c. LICENSE NU	WBER 86	29d. DATE	SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON W	W/m /m	D , .		GROVE	E ADV. HO	et.	ROCKULLE, MA	
	JUN 1 8 '90	32. REGISTRAR'S S							
	1014 T 0 30	guna Da	widson Rand	عالم					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	oners on state and principles. The last session shot she dood notificate he available within Or
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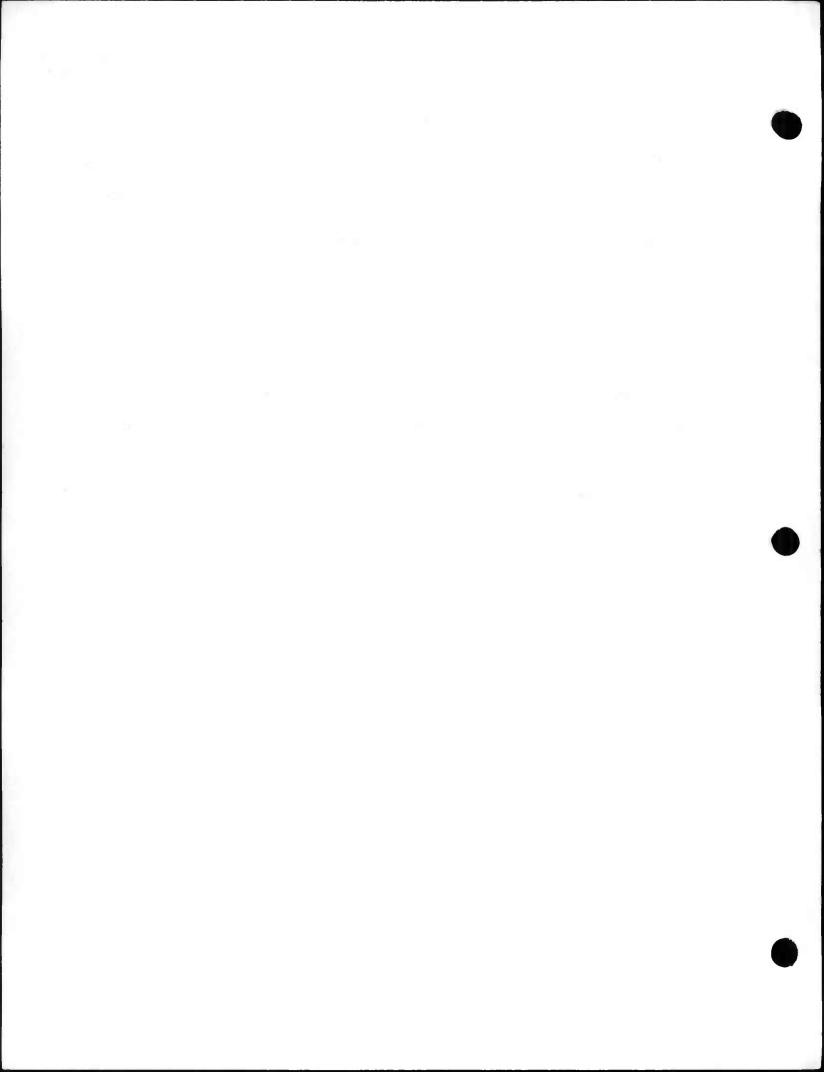
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE	OF I	MARYLA		MENT OF HEAL		HYGIENE REG. NO.
Last)	7	0	100	1		2. DATE OF MONTH	OEATH DAY

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)	J. DeRo	,			2. DATE OF OEATH	DAY Y	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5	7 7 2	yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) / 8.	BIRTHPLACE (State or Foreign Country) New Jersey		
OR	9a. FACILITY NAME (If not institution, give stree Washington Adver			Takoma	Park	ATH		of DEATH gomery		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Mont	tgomery		own or Locati				10d, INSIDE CITY LIMITS? 1 ² YES 2 NO		
FUNERAL C	100. STREET AND NUMBER 13103 Tamarack Ro	3		101.	ZIP CODE	1	10g. CITIZE	N OF WHAT COUNTRY?		
BY FUN		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 K NO	If yes, spe	endent of Hispani city Cuben, Mexicar 2 NO Specify.	, Puarto Rican, etc.		I. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade continued to the specific of	TION mpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in Engineer	t done during mos stired.)	n it of working ight Pat		BUSINESS/INOUS			
BE COMF	17. FATHER'S NAME (First, Middle, Last) Unobtainable		Eligineer	VV I	18. MOTHER'S NAI	ME (First, Middle, Ma tainable				
TO B	19a. INFORMANT'S NAME (Type/Print) Rev. Don DeRoze	(Son)	13103	Tamara	ck Road	Silver	Spring,	Md. 20904		
	20a. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	al from State	other place) Sylvan Abb	oey Mem			Clearwat	ter, Florida		
	Haris K.	Front		Hines/Rinaldi 11800 New Hamp.Ave.S.S.Md.						
2	23. PART I. Enter tha diseases, or corshock, or haart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on ea		1	de of dying, such	4	espiretory arres	Approximata intarvai Between Onset and Daath		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death be	ut not resulting in	the underlying	cause given in	S AN AUTOPSY REFORMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN		HOSPITAL:		THER:	ACE OF OEATH (Ch			-		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUSTY (Month, Day, Year)	28b. TIME (SCRIBE HOW INJURY OCCURED			
	3 Suicide S Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	rm, street, factory, office 28f. LOCATION (Stree City or Town, State			reet and Number or State)	t end Number or Rural Route Number, e)		
COMPLETED	CONSCI ONLY	AN: To the best of my knowl On the basis of examination						l. cause(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLS OF CERTIFIER	0		29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) 16 JUne 40						
_	30. NAME AND ADDRESS OF PERSON WHO	32º REGISTRAR'S SIGN.	MB	11120	NHA	x 55/	1209	07		
	31. DATE FILED (Month, Day, Year)	V								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE P	O THE F	w filed w	MPORT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF		MENTAL HYGIE REG. NO		18304	
	1. DECEDENT'S NAME (First, Middle, Last) EDNA MAY	De ATLEY					DAY Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 230-10-5773	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	· ·	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give st	05	THO.	9b. CITY, TOWN	OR LOCATION OF DE	01-03-19	9c. COUNTY	lichigan of DEATH	
TOR	Leland Hemai	Pri	nce George						
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?	
	Maryland Prince 100. STREET AND NUMBER	George's	Coll	ege Pai	OI, ZIP CODE		10g. CITIZEI	1 🔀 YES 2 🗌 NO	
FUNERAL	9748 52nd Place				20740		U.S.	Α.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2X NO	If yes,	CENDENT OF HISPAN specify Cuban, Maxica S 2X NO Specify			RACE — American Indian, Black, White, atc. Caucasian	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 1 completed) College (1-4 or 5+)	I6a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPA: work done during rise retired.)	TION nost of working	16b. KIND OF B	USINESS/INDUS	TRY	
MPL	12th Grade		Homema	ker		Own H	ome		
	17. FATHER'S NAME (First, Middle, Last) Frederick Sowerb	οV		·	16. MOTHER'S NA	ME (First, Middle, Maide ritt	n Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Russell De Atley					Route Number, City or R		· ·	
	20a. METHOD OF DISPOSITION	20b. F	PLACE OF DISPO	SITION (Name of c	emetery crematory or			y or Town, State	
	1 X Buriel 2 Offmation 3 Reg	Foi	rt Linco	oln Cem				d, Maryland	
	21. SIGNATURE OF HUMERAL SERVICE OF	Bed han	_					Home, P.A. He, Md. 20781	
	23. PART I. Inter the disease, or diock, or heart fellure.	complications that caused t List only one cause on eac						t, Approximete interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. MYOCAR DIA C INFARCTION DUE TO (ORAS A CONSCOUENCE OF):							Onset and Death	
	resulting in desth) DUE TO (OR/AS A CONSEQUENCE OF): DIABETES MELLITUS								
NO	Sequentially list conditions,	b. DUE TO (OR AS A C			ELLITUS				
CAT	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	c	127						
CERTIFICATION	that initiated evanta resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	F):					
	PART II. Other significant condition	a contributing to death but	t not resulting	in the underly	ng ceuse given in	Part I. 24s WAS	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CA			_				ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MEDICAL								1 TYES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)			
SICI	EXAMINER? 1 YES 2 1 NO	HOSPITAL: 1 1 inpetient 2 - ER/Outpet	tlant 3 🗆 DOA	OTHER:	ome 5 🗆 Rasidence				
	27. MANNER OF DEATH 1 Notural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	NJURY AT VORK? YES 2 NO	28d. DESCRIBE HOV	INJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined						et and Number or te)	Rural Route Number,	
COMPLETED	one)	ICIAN: To the best of my knowled							
	29b. SIGNATURE AND TITLE OF CERTIFIE	R 5 MA			29c. LICENSE NUI		29d. DATE S	SIGNED (Month, Day, Year)	
TO BE	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Two	Print)	D13	668	1 6	123/90	

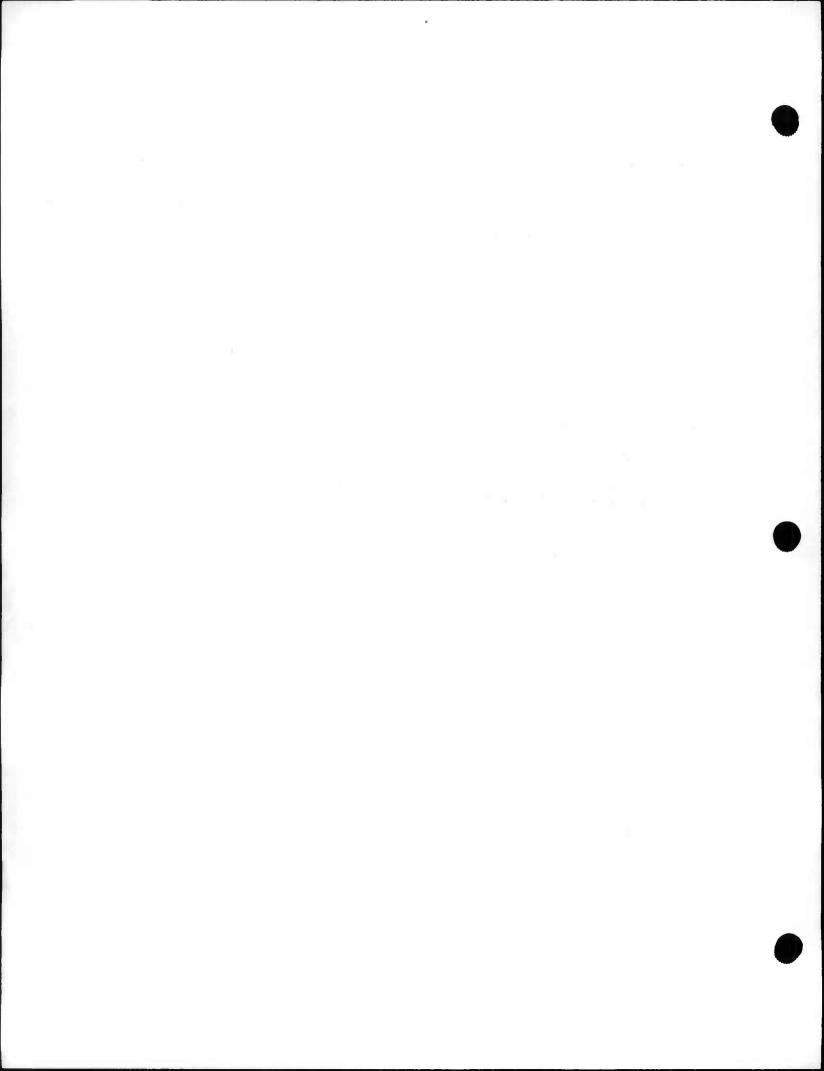
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HUSSAIN 11D, 4917, Ed

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randelle AZHER 4917, Edg

31. DATE FILEDY MONTH, Day, Year)



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the part of the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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										(30	18305
	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MENTAI	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE MONTH	OF DEATH	AY	YEAR	3. TIME OF DEATH
	Katherine		Elinore			D	ean	6	1	.3	90	4:00 P M
		SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS.	7. DATE (Month	OF BIRTH		6. BIRTHE	PLACE (State or Foreign
	315-80-8821	☐ M 2 💢 F	28	YRS.	WONTES	UALS	HOORS WIN.	SEPT	15,1	1961	W.	VIRGINIA
	9a. FACILITY NAME (If not institution, give stree	t and number)			9b. CITY,	TOWN O	R LOCATION OF O				NTY OF DE	
8	Union Hospital				E	kto	n			Ce	ecil	
DIRECTOR	RESIDENCE OF DECEDENT			1155			(Page					
#	10a. STATE 10b. COUNTY				Y, TOWN O						-	10d. INSIDE CITY LIMITS?
		CIL		34.1	PORT	_	POSIT					1 TYES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP CDDE			10g. CIT	IZEN OF W	HAT COUNTRY?
ᇤᅵ	51 YORK DRIVE, W	OODLAW	N ESTA	TES			2190	4		1	USA	
BY FUNERAL	11. MARITAL STATUS 1 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. AR			f yes, sp	ECENDENT OF HISPANIC ORIGIN? (Specify Yea o specify Cuban, Mexican, Puarto Rican, atc.) ES 2 NO Specify:			n or No—	14. RACE Black Specifi	— American Indian, White, etc.
	15. DECEDENT'S EDUCAT	TION	16a. DE	CEDENT'S	USUAL O	CCUPATIO)N	16b	KIND DF BU	SINESS/INC	DUSTRY	***************************************
COMPLETED	(Specify only highest grade co-	mpleted) College (1-4 or 5 +	(G life.	ive kind of a Do NOT u	work done one retired.)	during mo	st of working					
2	Eletinitally Secondary (6-12)	2	'	NUR	SE			_	NURS	STNG		
8	17. FATHER'S NAME (First, Middle, Last)			11010	<u> </u>		18. MOTHER'S NA	ME (First, I				
	DELMER MCCLAN	ΙΔΗΔΝ					FIT	NOR	R. MI	TDCA	D	1
H	19a, INFORMANT'S NAME (Type/Print)	MIMIN	19	b. MAILING	ADORESS	(Street a	nd Number or Rural					
유	, malian conservation and a service of	NT										DEPOSIT MD
	DELMER MCCLANAHA 200. METHOD OF DISPOSITION	71/					netery, crematory or	LAYVI		CATION -		
- 1	1 Burial 2 ☐ Cremation 3 ☐ Remove	al from Stata	other pl	(ace)								
	4 Donation 5 Dother (Specify) BROOKVIEW CEMETERY RISING SUN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	R.T. FOARD FUNERAL HOME											
	RISING SUN, MARYLAND											
	23. PART I. Enter the disesses, or conshock, or heart failure. Lie immediate CAUSE (Final disesse or condition resulting in death)	st only ons csu	caused the delete on each line ple inj	в.		the mo	ds of dying, suc	ch as care	disc or resp	iratory sr	rest,	Approximats Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (DR AS A CONSEDUENCE DF): c. DUE TO (DR AS A CONSEDUENCE OF): d.											
O	PART II. Other significant conditions	contributing to	desth but not	resulting	in the ur	ndsrlyin	g ceuse given ir	Part I.	24a, WAS AF	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL		•								RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 X YES	2 NO		OF DEATH?
												1 X YES 2 □ NO
PHYSICIAN:	l											
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF GEATH (C	heck only o	ne)			
S			ER/Outpatient	3 🗆 DOA			ne 5 🗆 Residence	6 🗆 Othe	er (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY Pay, Year)	28b. TII	ME OF		JURY AT DRK?		SCRIBE HOW			o impact
BY	1 Natural 5 Pending 2 X Accident Investigation		3/90		5P M	1 🗌		eie	cted &	stri	ick b	o impact y another ap
	3 Suicide 6 Could not be	28e. PLACE C	FINJURY — At he atc. (Specify)	ome, farm,	street, fac	tory, offic	e	26f, LO	CATION (Street or Town, State	and Number		
TE	4 Homicide determined	bull all right	roa	d							ing S	un, MD
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of		-	red at the	time det	and place and de					
MP	(Check only one) 25 MEDICAL EXAMINER:) and manner as stated.
8					,	- January 1			- arre branet e			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	100	_				29c. LICENSE N	JMBER		29d. DA	TE SIGNED	(Month, Day, Year)
10		TYV			_		OCM	E			6/1	4/90
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (IT)	EM 27) (Typ	e. Print)		12/10					

111 Penn St.

Balto,

M.D. - Deputy Chief
32. REGISTRAR'S SIGNATURE
Julia Savidson Fundale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dixon,

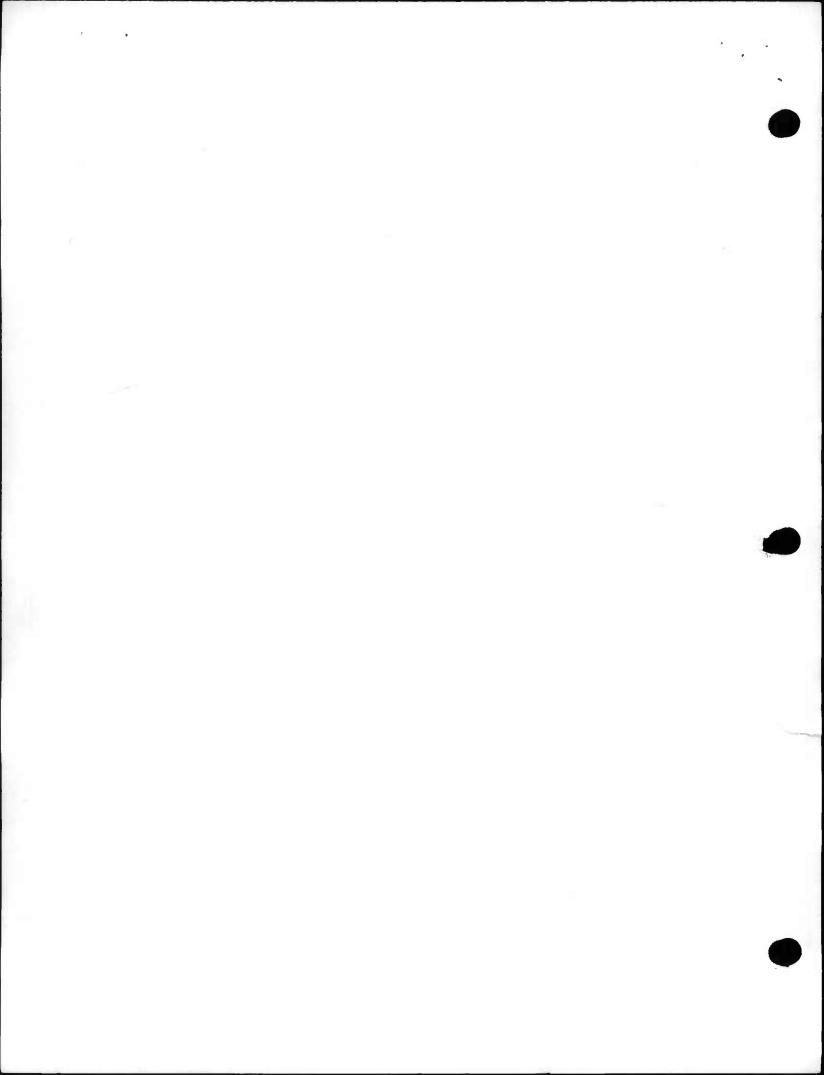
Ann

31. DATE FILED (Month, Day, Year)

M.D.

DHMH-16 Rev 1/89

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

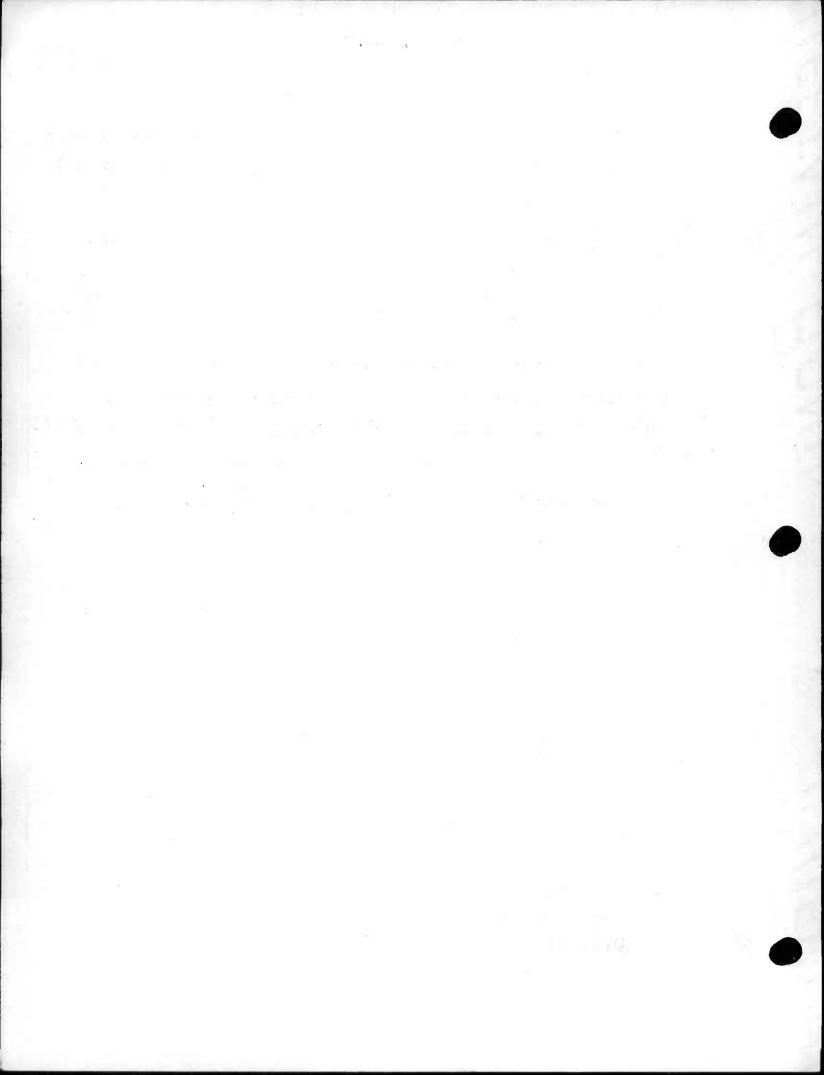
To

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OTTO OT MITATIVE	CERTIF	ICATE OF	DEATH	WIE IT IT IT	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			. TIME OF DEATH	1
BERNARD	Di	JRAND			MONTH			YEAR 70	16:13	PM
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	-	OF BIRTH		_	LACE (State or Fore	mian
199121156	1 M 2 F	67 YRS.	MONTHS DAYS	HOURS MIN.	(Month	, Day, Year)		Country)	.44	
		6 /			10	15	32		MICH	_
9a. FACILITY NAME (If not institution, give st	0	1	96. CITY, TOWN	OR LOCATION OF D	EATH	50		TY OF DE		/
Howard Co. (seneral t	105p.	Colur	nbla	rri	1)	t	100	varo	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION				1	IOd. INSIDE CITY	
mp H	oward		Ilico		11				LIMITS?	
10e. STREET AND NUMBER	0,000			1. ZIP CODE	7		10× CITI2		IAT COUNTRY?	10
0 1	0.01	Road		2/01/	2		log. CITIZ	116	\	
8534 Autum	nri hust			2109				UST	7	
11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 NO	If yes, s	CENDENT OF HISPA molify Guban, Maxica			or No-	14. RACE - Black,	 American India: White, atc. 	n,
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specif	ly:			Specify	IDACIO	20
15. DECEDENT'S EDUC			USUAL OCCUPATI	, ,	1445	KIND OF BUI	I (100	JUUS 10	4 /
(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during m	ost of working	100.	KIND OF BU	SINE SS/IND	JSINY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	0 -				0 - 1		0 0	100	
unk	unk.	HIRUNE	Mach	Anic	,	חחג		MIK	LINE	
17. FATHER'S NAME (First, Middle, Lest)		4		18. MOTHER'S NA	AME (First, A	fiddle, Maiden	Syrname)			
VICHOLAS	SZYMA	ASKI		WAM	DA	W.	+KO	WS	<1	
19a. INFORMANT'S NAME (Type/Print)	(and Number or Rural			n, State, Zip	Code)	10 -	
MARGARET	DURAN	1 85	34 A	utumn	Re	15+-K	0.2.	G- V	10.210	275
20s_METHOD OF DISPOSITION NO Buriet 2 Cremetton 3 Remo	200 oval from State	other place)		-			CATION —			
4 Donation 5 Dothar (Specify)		LAICE	UTEW	MEM	·P1	ع -	lde	RSE	ERS.	
21. SIGNATURE OF EUNERAL SERVICE LIC	ENSEE		22. NAME A	ND AODRESS OF FA	CILITY	000	44-15			
Esteral Ila	11.	440 4 5000								
23. PART I. Enter the diseeses, or o	complications that onus	M0053		100TT C					Approxima	4-
shock, or heert fellure.			not unter the m	ode of dying, add	311 aa Colc	nac or resp	natory stre	oot,	Interval Be	neewte
IMMEDIATE CAUSE (Fine)	0 1 0	2	_	0 1					Onset and	Deeth
resulting in death)	DUE TO (OR AS	YOCARI	DIAL I	ntaretion	J					
		A CONSEQUENCE O	OF):							
Sequentielly list conditions,	SEPSIS									
if sny, leeding to immediate cause. Enter UNDERLYING		RENA	-	LURE						
CAUSE (Disease or Injury	CHRONIC			COKE					-	
thet initieted events resulting in death) LAST		A CONSEQUENCE O								
	. Dighete	s Melli	16						+	
PART II. Other significent condition	s contributing to deeth	but not resulting	In the underlyle	ng ceuse given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FIR	NDINGS
						PERFO		1 1	AVAILABLE PRIOR 1	NO AUSE
						1 TYES 2	I NO		DF DEATH?	
									1 YES 2 N	10
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (C	neck only on	10)				
1 YES 2 NO	15 Inpatient 2 ER/Out			me 5 🗆 Rasidenca						
27. MANNER OF DEATH 1 Neturel 5 Pending	(Month, Day, Year)	28b. TII	JURY W	JURY AT ORK?	28d. DES	CRIBE HOW	INJURY OCC	UREO		
2 Accident Investigation			M 1 🗆	YES 2 NO						
3 Suicide 6 Could not be	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ecify)	street, factory, offi	ce		ATION (Street or Town, State)		or Rural Ro	oute Number,	
4 Homicide determined										
29a. CERTIFIER (Check only	CIAN: To the best of my know	wiedge, death occur	red at the time, dat	a and place, and du	e to the cau	use(a) and ma	nner as state	ed.		
and and	R: On the basis of examination								and menner as st	lated.
29b. SIGNATURE AND TITLE OF CERTIFIER										
Da D The				29c. LICENSE NU			290. DATE	SIGNED	(Month, Day, Year)	
To water and account to	O COMPLETED STORE	- ATI (170-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		0212	66		- 6	(11 1)	0	
30. NAME AND ADDRESS OF PERSON WH		10								
	stuxent Pe	INKWA7		61A, MD	21	044				
31. DATE FILEO (Month, Day, Year) 2 10(32. REGISTRAR SIG	Davidson-A	indall.							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the function death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			ENTAL HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Lest) MARY RI	EGINA	DILLER		1	2. DATE OF DEATH MONTH 17	7199 0 9 5	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212–38–7890	1 - FEMALE	90 YRS.	FUNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 99	MÅ	HITTHPLACE (State or Foreign Country) RYLAND	
TOR	98. FACILITY NAME (If not institution, give s FREDERICK MEMORIA RESIDENCE OF DECEDENT		9	FREDER	RICK	TN	FREDE		
DIREC		EDERICK	FRED	ERICK				10d. INSIDE CITY LIMITS 1	
ERAL	'HOMEWOOD RETIREME	ENT CTR.		101	2170	1	10g. CITIZEN	OF WHAT COUNTRY? U.S.A.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed N4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF NISPANIP Belly Cuban, Maxican, 2 NO Spacify:	C ORIGIN? (Specify Yes , Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Space VIIIE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of won life. Do NOT use in TEACHER	WAL OCCUPATION to done during moetired.)	DN st of working	16b. KIND OF BUS	SCHOO		
O	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NAM	IE (First, Middle, Maiden	Sumame)			
C	J. HANSON DILLER			IDA	KREGLO				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street s		oute Number, City or Tow	n, State, Zip Cod	(e)	
2	KATHARINE POWELL		YELLOW	SPRTNGS	S FR	EDERICK		MD 21701	
	20s. METHOD OF DISPOSITION BURIAL 20s. METHOD OF DISPOSITION BURIAL 20s. METHOD OF DISPOSITION BURIAL 20s. METHOD OF DISPOSITION BURIAL 20s. METHOD OF DISPOSITION (Name of cometer), cremetory or other place) FAIRMOUNT CEMETERY LIBERTYTOWN, MD								
	4 □ Donetion 5 □ Other (Specify) FAIRMOUNT CEMETERY LIBERTYTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LIBERTYTOWN, MD LIBERTYTOWN, MD								
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on e	ech line.		20.000.000.000.000		-1-1-1	Interval Between	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
ER	resulting in death) LAST	d							
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to deeth to	put not resulting in	the underlyin	g cause given in I	Part I. 24a. WAS AN PERFOI 1 YES :	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Che	ck only one)			
SIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 DOA 4	OTHER:	ne 5 🗆 Raaldence I	5 Other (Specify)			
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	25b. TIME (Y W	HURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	EO	
ED	3 Suicide 5 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, str city)	set, factory, offic	CO .	261. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLET	(Orack only	BICIAN: To the best of my known ER: On the bests of examination						ause(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITCE OF CERTIFIE	1. Smith	1 Mi	>-	29c. LICENSE NUM 29c. LICENSE NUM	SS7	29d. DATE SI	GNED (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE OF D	SATH (ITEM 27) (Type, P	rint)				7	

300 W. 9th ST.

JR.

FREDERICK, MD 21701

1 - STATE REGISTRAR		S	IAIE UF I	WARYL					DEA		MENT	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Le	<i>,</i> .	1,	10		<u></u>				4	2.04	ATE OF DEATH		PAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		1es	EX		In yrs. las	st birthday)	IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH	220	Count	
215-36-66			M 2 F	71		YRS.			OR LOCAT			26 - 191	9c. cou	INTY OF D	•
13252 Mer	cers	bur		ad			Cl	ear	Spr	ing,			Was	shin	gton
RESIDENCE OF DEC	10b. COU	INTY	gton					Sm1	ing						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 13252 Mer				nd.					217				-	S.A	WHAT COUNTRY?
11. MARITAL STATUS		12.	MAS DECEDE	NT EVER I	N U.S. AR	MED	1:	3. WAS DE	CENDENT	OF HISPAI	NIC ORI	IGIN? (Specify Yerto Rican, etc.)			E American Indian, k, White, etc.
1 Never Merried 2 🔯 3 Widowed 4 Divo			F YES, GIVE			10			S 2 F NO			no mani, etc.)		Spec	
15, DEC (Specify onl	1	rade comp	N leted) lege (1-4 or 5	4)	(G life.	. Do NOT u	work don se retired	e during n	ION lost of work	ing		16b. KIND OF BU	SINESS/IN	DUSTRY	
			lege (I→ or 5	+)		Fari	ner					Farm			
Carlton	fiddle, Last)		Err	nst					18. MO	yrt1	ME (Fir.	st, Middle, Maiden	Sumame)	dmye	r
190. INFORMANT'S NAME (-										lumber, City or Tov			a MD
20e. METHOD OF DISPOSIT Buriel 2 Cremelle Donation 5 Other	ION		rom State	200	, PLACE	OF DISPO	SITION (Name of c	emetery, cre	matory or		20c.10	CATION -	City or Ti	
21. SIGNATURE OF FUNERA				1/-					AND ADDR			ral Ho	me	Tno	
23. PART I. Enter the d	ر ولمن	< <	Ua.		d the de	eth Do		2.0.	Box	310) C	lear S	pri	ng.	MD . 21722
ahock, or h IMMEDIATE CAUSE (Fit disesse or condition reaulting in death)	neart failu	re. List	only one ca	use on e	ach line	в.						rsease			interval Between Onset and Daath
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji that initiated events resulting in death) LAS	diata 'iNG ury	c	Lype To	OF AS	A CONSE	OUENCE O	OF):	Quoi	4AC	ular	٨	islasi	2		
PART ii. Other algolifica	ant condi	tions co	ntributing t	o death (out not	resulting	in the	underlyi	ng cause	given in	Part i		RMED?	7 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	TO MEDICA	ıL T					-	26.	PLACE OF	DEATH (C/	heck on	ly one)			
EXAMINER? 1 YES 2 NO			SPITAL: Inpatient 2	☐ ER/Out	patient 3	3 🗆 DOA	OTH 4 🗆 N		me 5 🗆 I	Residence	6 🗆 0	Other (Specify)			
	Pending Investigati	lon	28a. DATE O (Month,	F INJURY Day, Year)		28b. Til	ME OF JURY M	١ ١	VORK?	□ NO	28d.	DESCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide a Homicide	Could not	be	28s. PLACE building	OF INJUR	Y — At he	ome, farm,	street, f	ectory, of	lice		281.	LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,
Total day												cause(s) end mi			(a) and manner as stated.
290. SIGNATURE AND TITLE	h L	FIG.	£0	M	\wedge				29c. LJ	CENSE NU	MBER 4-U	<u> </u>	29d. D/	TE SIGNE	D (Month, Dey, Year) 5-90
30, NAME AND ADDRESS OF	E ENRISON	WHO GO	IPLETED CA	SE OF D	EATH (ITE	EM 27) (Typ	a, Print)		21	140	,				
JUN 26 9	O (Sear)		32. REGISTI	AR'S SIG	NATURE	de per				-					

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

RELEASED

edical examiner must be notified at once.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Trou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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31. DATE FILED (Month, Day, Near) JUN 1 9 90

								10005
	FOR STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF		MENTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last)	vmond RA	YMOND	English		2. DATE OF DEATH MONTH	6	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 280-34-1407	5. SEX 6. AGE (In yrs.	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) England
\	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
CTOR	Suburban Hosp.				eth.		Mont	
DIRECTOR	MD Mon	tgomery		ry, town on Loc eth.	ATION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 7504 Granada Dr.				101. ZIP CODE 20817	·		n of what country? ted Kingdom
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 MISSING IF YES, GIVE WAR OR DATES						s or No- 14	. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	s usual occupa work done during see retired.)	most of working	Ethics Cente	& Pub	TRY lic Polices
BE COM	17. FATHER'S NAME (First, Middle, Last) Walter English		18. MOTHER'S NAME (First				Sumame)	
10	19a. INFORMANT'S NAME (Type/Print) Mary C. English			as item		Route Number, City or Tox	vn, State, Zip Co	ode)
	20a. METHOD OF OISPOSITION 1\(\hat{\sqrt{1}}\) Burial 2 \(\hat{\capacity}\) Cremation 3 \(\hat{\capacity}\) Remarks	oval from State othe	ACE OF DISPO	SITION (Name of	cemetery, crematory or			y or Town, Stata
	4 Donation 5 Other (Specify)		e of I	leaven (em.		ver Sp	ring, MD
	- michael	Melso	m	Josep	oh Gawler'	s Sons, I W Wash.,		16
	23. PART i. Enter the diseases, or o shock, or heert feliure.	complications that caused the List only one cause on each						
	iMMEDIATE CAUSE (Final disease or condition recuiting in deeth)	DUE TO (OR AS A COM	LAR	FIB	MUATIO.	V		Onset and Deeth
_								
TIOI	Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COR			V DIG	SEASE		14 yr.
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A COM			.9)/12) C/13E		θ.
- 1	PART ii. Other significant condition	ne contribution to death but n	ot requising	in the underly	ing seves sives in	Part I. 24s. WAS A	ALTTOREY.	24b. WERE AUTOPSY FINDINGS
CAL	TAIT III OLIO SIGIMOUNI OUNDING		or resurring	in the underly	mg cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDICAL							2 🗀 110	OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			+	PLACE OF DEATH (Ch	eck only one)		J
Sic	1 □ YES 2 THO	HOSPITAL: 1 inpatient 2 inpatient	nt 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 - Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	IJURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	M home, farm,	, street, factory, o	Mice	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	anal and	ICIAN: To the best of my knowledge						
BE	29b. SIGNATURE AND TUTLE OF CERTIFIE	Satter			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) /Brr	ne Print)	1		4	71.110

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Willaim E. Battle, M.D. 1145 - 19th St. NW Wash., DC 20036

32 REGISTRAN'S SIGNATURE
GUNA DAVIDA MANDE

3. TIME OF DEATH 6:20 a.m.

990

BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be retained by the hospital or attending physic use as the for detached once. director, page 5 should be 16 notified be must examiner filled in by the funeral on, or removal. medicai 0 completely filled rial, cremation, o event, the executed within BOX 13146, has been signed by the attending physician and com Dept. of Health and Mental Hyglene prior to burial, traumatic certificate be other t P.0. 0 requires that the death Injury, RECORDS, any Shows ME 23 DIVISION OF VITAL PHYSICIAN: The item After this certificate death with the State 6

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physician.

1873 burial-transft

FOR STATE REGISTRAR	STATE OF I		DEPAR RTIF					MENTAL HYGIEN REG. NO.	Т
1. DECEDENT'S NAME (First, Middle, Last) JO MCCLENNY	EVE	LYN (mid	ldle)					2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	٠.
4. SOCIAL SECURITY NUMBER 246-46-0915	5. SEX 1 🗀 M 2 🔀 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) May 19,193	3
9a. FACILITY NAME (If not institution, give s THE JOHNS HOPKINS		ΔL		96. CITY BALT		RE (ON OF DE	EATN	
RESIDENCE OF DECEDENT	,		10a CIT	y, TOWN (OR LOCAT	TION			_
	ngton			Ar1i					
10e. STREET AND NUMBER					101	ZIP COD	E		Ī
3800 N. Fairfax	Drive #1	14			2	22203	3		ı
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI I □ YES 2 ☑ N MAR OR DATES			If yes, sp		n, Mexica	NIC ORIGIN? (Specify Yea in, Puerlo Rican, etc.) iy:	1

4 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign (Month, Day, Year) May 19,1935 N. Carolina 9c. COUNTY OF DEATH N OF DEATN BALTIMORE CITY ITY 1 X YES 2 | NO 10g, CITIZEN OF WHAT COUNTRY? USA NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. Specify: Caucasian 16b. KIND OF BUSINESS/INDUSTRY US Military 20c. LOCATION — City or Town, State Falls Church, Virginia Arlington. 22203 **Approximate** Interval Between Onset and Death 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 28d. OFSCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Dev. Year)

FUNERAL DIRECTOR BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION Staff Assistant/to Secty.

Staff Assistant/to Secty.

of USAF (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Vonza J. Underwood Minnie Beasley BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
3800 N. Fairfax Drive #114, Arlington, Va. 22203 19e. INFORMANT'S NAME (Type/Print) 2 Charles W. McClenny 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20e. METHOD OF DISPOSITION 1 Spuriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) National Memorial Park Cemetery TURE OF FUNE 22. NAME AND ADDRESS OF FACILITY MURPHY FUNERAL HOME 4510 Wilson Blvd. eath. Do not antar the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disesse or condition CANCER LADDER resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL BOWEL OBSTRUCTION PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO ent 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATN 28e. DATE OF INJURY (Months Day West) 28b. TIME OF 28c. INJURY AT WORK? INJURY 5 Pending Investigation 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLÁCE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED. 8 Could not be datermined 4 Homicide 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. COMPL 2 MEDICAL EXAMINER: OF tion, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 256. SIGNATURE AND TITLE OF CERTIFIER, 29c. LICENSE NUMBER BE 13/90 6 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Pr 31. DATE FILED (Month, Day, Year)

IIIN 1 4 90 32. REGISTRAR'S SIGNATURE gistrar's signature Tuna Davidson-Randell

OR ATTENDING

DIRECTOR: /

TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If it FUNERAL D HOSPITAL

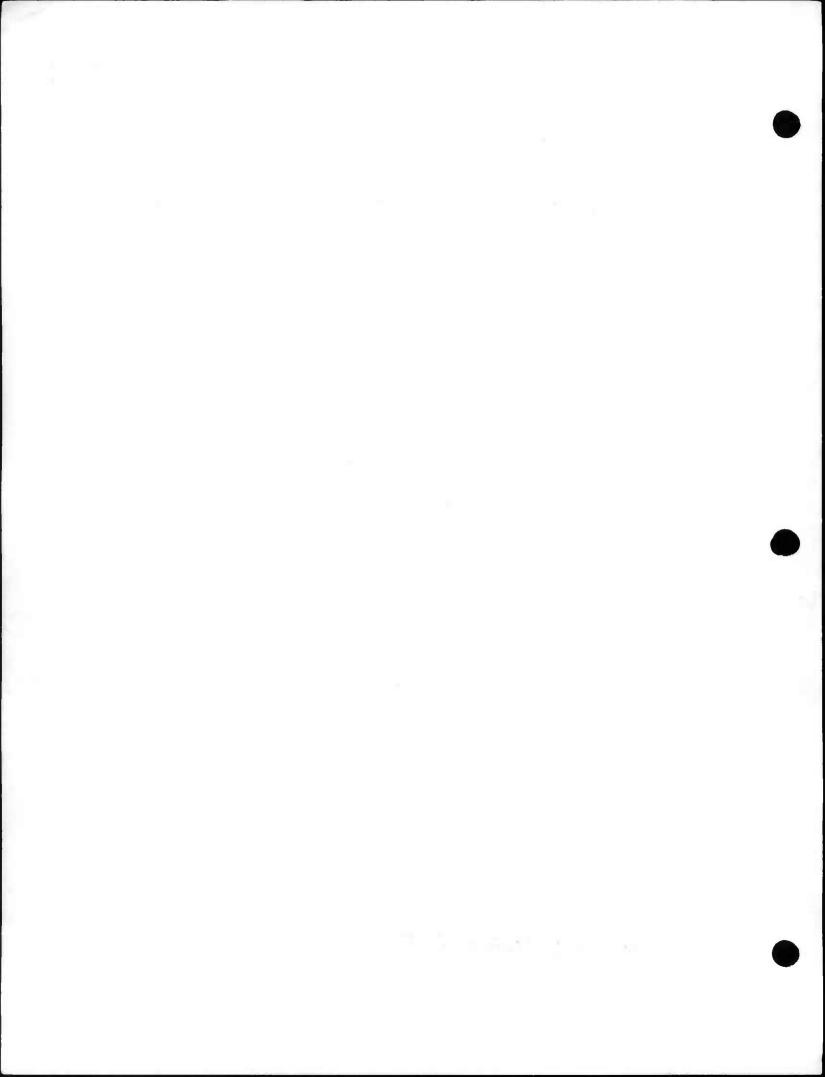
marked,

.00

500 Item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

~	214 74 6414 9e. FACILITY NAME (If not institution, give	1 M 2 F	83 YRS.	Bb. CITY, TOWN OR LOCATION	Marc		Maryland UNTY OF DEATH		
DIRECTOR	CALVERT MEMORIAL			PRINCE FREDE	ERTCK, M	D CA	N ERT		
DIRE	Maryland Cal	vert		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER BOX 43 B			10f. ZIP CODE 20657		10g. Cf	TIZEN OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR 0	YES 2 NO	13. WAS DECENDENT OF IT YES, specify Cuber 1 YES 2 NO	n, Mexicen, Puerto		14. RACE — American Indian, Black, White, stc. Specify: White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	DUCATION de compléted) Collège (1-4 or 5+)	(Give kind of wo life. Do NOT use	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Self employed grocery					
ш	17. FATNER'S NAME (First, Middle, Lest) Edward E. Thomas	5		18. MOTHER'S NAME (First, Middle, Meiden Surneme) Ellie Elizabeth Thomas					
TO B	190. INFORMANT'S NAME (Type/Print) Ruby Hastings			ADDRESS (Street and Number night Ave. D					
	20e. METHOD OF DISPOSITION 1	moval from State	20b. PLACE OF DISPOSIT	TION (Name of cemetery, crem	natory or	20c. LOCATION -	- City or Town, State alvert Maryland		
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	OTIVE OF	22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home					
	IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) a. Deute Pulmonary Edeme 21183 Due to (or as a consequence of):								
SERTIFICATION	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF)	:	200111-00	The Alle	Interval Between		
4: MEDICAL CERTIFICATION	Sequentielly liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR DUE TO (OR d. ona contributing to de	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	: : : the underlying cause o	J &	The Alle	Interval Between Onset and Death RAHRS		
: MEDICAL	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR d. ona contributing to de	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) ath but not resulting in Class A	the underlying ceuse of	given in Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 SHO	Y 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	Sequentielly liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the cause of the	DUE TO (OR d	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	the underlying ceuse of the un	given in Part i. EATN (Check only of polidence 6 - Oth 28d. DE	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 SHO	Y 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	DUE TO (OR d	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) ATT DE CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	26. PLACE OF DO OF LOCAL WORK? M 1 YES 2	given in Part I. EATN (Check only of the charter o	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO er (Specify) SSCRIBE NOW INJURY O	Y 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR d	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	26. PLACE OF DOTHER: 4 Nursing Nome 5 Re OF 28c. INJURY AT WORK? M 1 YES 2 reet, factory, office	given in Part i. EATN (Check only of paldence 6 Oth 28d. DE Ch) NO 2af. Loc Ch)	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 SNO CATION (Street and Number or Town, State)	Y 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO DOCUMED DOT OF RUITAL ROUTE Number,		
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 6 Pending Investigation and Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFING PHYONE) 1 MEDICAL EXAMINERS AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 2005.	DUE TO (OR d. DUE TO (OR d. Ona contributing to decended to the contributing to decended to the contributing to decended to the contribution t	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	26. PLACE OF DOTHER: A DESCRIPTION OF SERVICE OF DOTHER: OF 28c. INJURY AT WORK? M 1 YES 2 reet, factory, office d at the time, date end piece in in my opinion, death occur	given in Part i. EATN (Check only of paldence 6 Oth 28d. DE Ch) NO 2af. Loc Ch)	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 (SNO) CATION (Street and Number or Town, State) BUBBE(e) end menner ee size end place, end due to 29d. D.	Y 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CER	TIFIC	ATE O	F DEATH	RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)						2. OATE OF DE	EATH DAY		YEAR	3. TIME OF DEATH am
Ruth E. Ewi	ng					6	-	17	90	12:48 AX
The state of the s		(In yrs. last bir	MOI	UNDER 1 YEAR		7. DATE OF BII (Month, Day,			8. BIRTHI Country	PLACE (State or Foreign
110 10 2007		87	YRS.				02			yland
9a. FACILITY NAME (If not institution, give street a			9b	CITY, TOW	N OR LOCATION OF DI	EATH			NTY OF DE	
Memorial Hosp	ital				Easton			7	Calbo	ot
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		1	Oc. CITY. TO	OWN OR LO	CATION					10d. INSIDE CITY
Maryland Talbo	+		Eas							LIMITS?
10e. STREET AND NUMBER					10f, ZIP CODE		T	10g, CIT	IZEN OF W	HAT COUNTRY?
Dutchman's Lane				e.	21601				J.S.	
1 Never Married 2 Married	WAS DECEDENT EVER FORCES? 1 YES	2 ∑ NO	D	If yes,	ECENDENT OF HISPAI specify Cuban, Maxica	in, Puarto Rican,		or No-	14. RACE Black	— American Indian, , Whita, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 🗆 Y	'ES 2 X NO Specif	y:			Specif	v: ite
15. DECEDENT'S EDUCATION	ON	16a. DECEE	DENT'S USI	JAL OCCUPA	TION	16b. KIND	OF BUSI	NESS/IN		100
(Specify only highest grade comp Elementary/Secondary (0-12) Co	oleted) ollege (1-4 or 5 +)	(Give I	kind of work NOT use re	done during tired.)	most of working					
8		1	nome	make	r					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	Maiden S	iumame)		
Logan M. Talley					Ida M	. Corl	krar	1		
19a, INFORMANT'S NAME (Type/Print)		19b. M	IAILING AD	DRESS (Stre	et ahd Number or Rural	Route Number, Cit	ly or Town,	State, Z	ip Code)	
David L. White		R	t. 1	Box	51A Oxf	ord MI) 2	2165	54	
20a. METHOD OF DISPOSITION 6/19 1 X Burlal 2 Cremation 3 Ramoval	9/90 2	0b. PLACE OF other place)		ON (Name of	cemetery, crematory or		20c. LOC	ATION -	- City or To	wn, Stata
4 Donation 5 Other (Specify)	TOTAL STATE			.l Ce	emetery		Tra	ppe	, Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE LICENS	EE TA				nam Fune		omo.			
M. E. leon	Marc B	C.C.	SP		ton, Mar		Jille			
23. PART I. Enter thá diseases, or com	plications that caus		n. Do not				or reapir	atory s	rreat,	Approximate
shock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on	each line.								Interval Between Onset and Death
disease or condition	card	200	an	2050						
resulting in death) a	DUE TO (OR AS	A CONSEQUE	ENCE OF):	,	^	1.				
	card	500	Eln	ia_	sho	4				18 hrs.
Sequentially list conditiona, if any, leading to immediata	DUE TO (OR AS	A CONSEQUE	EEE OF):				4		- (18 hrs.
cause, Entar UNDERLYING CAUSE (Disease or injury	acu	le 1	ny	0	corde	al u	Ma	N	[M	1- weeks
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	ENCE OF		- /	0-0-	- 0	1	(40000
d	NSC	V . S	_ (DW	many	and	46	لعلا	6020	Just
PART II. Other significant conditions of	ontributing to death	but not rea	ulting in t	he underl	ying cause given in	Part I. 24s.	WAS AN		24b	WERE AUTOPSY FINDINGS
						1.5	PERFORM	-1		AMAILABLE PRIOR TO COMPLETION OF CAUSE
								77		OF DEATH?
						-				N. HE. O. T. S. T. HE. O. T. S.
25. WAS CASE REPERRED TO MEDICAL				24	L PLACE OF DEATH (C	heck only one)				
	ØSPITAL: Linputient 2 □ ER/O	utpatient 3 🗆		THER:	forme 5 🗆 Residence	6 Other (Spr	ecity)			
27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Yes		ISID. TIME C		INJURY AT WORK?	26d. DESCRIB	E HOW IN	UURY O	CCURED	
1 - Natural 5 Pending 2 Aboldent Investigation	(and the same same		and the		YES 2 NO					
3 Suicide 6 Could not be	29e. PLACE OF INJU building, etc. (S	RY — At home	, ferm, stre	et, fectory, c	office	281. LOCATION City or To		nd Numb	er or Runi I	Noute Number
4 Homicide determined		C447967				3090,31,390	110 00000			
29a. CERTIFIER 1 CERTIFYING PHYSICIAN one) 2 MEDICAL EXAMINER: Q		/								e) and manner as stated.
290. SONATURE AND TITLE OF CERTIFIED	D. L	<i>) </i>)	1	296. LICENSE M	MBER		29d. D/	TE BIGMED	Month Day Wash
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	DEATH (TEM)	II) (Non A	W)	1778	12		_	112	JUNE 40
Albert T. Dawki	ns, Jr.		. 5	08 I	dlewild	Avenu	e, :	Eas	ton	MD 21601
31. DATE FILED (Month, Day, Year) 90	Juliante	widow.	andie	L						

TO BE COMPLETED BY FUNERAL DIRECTOR

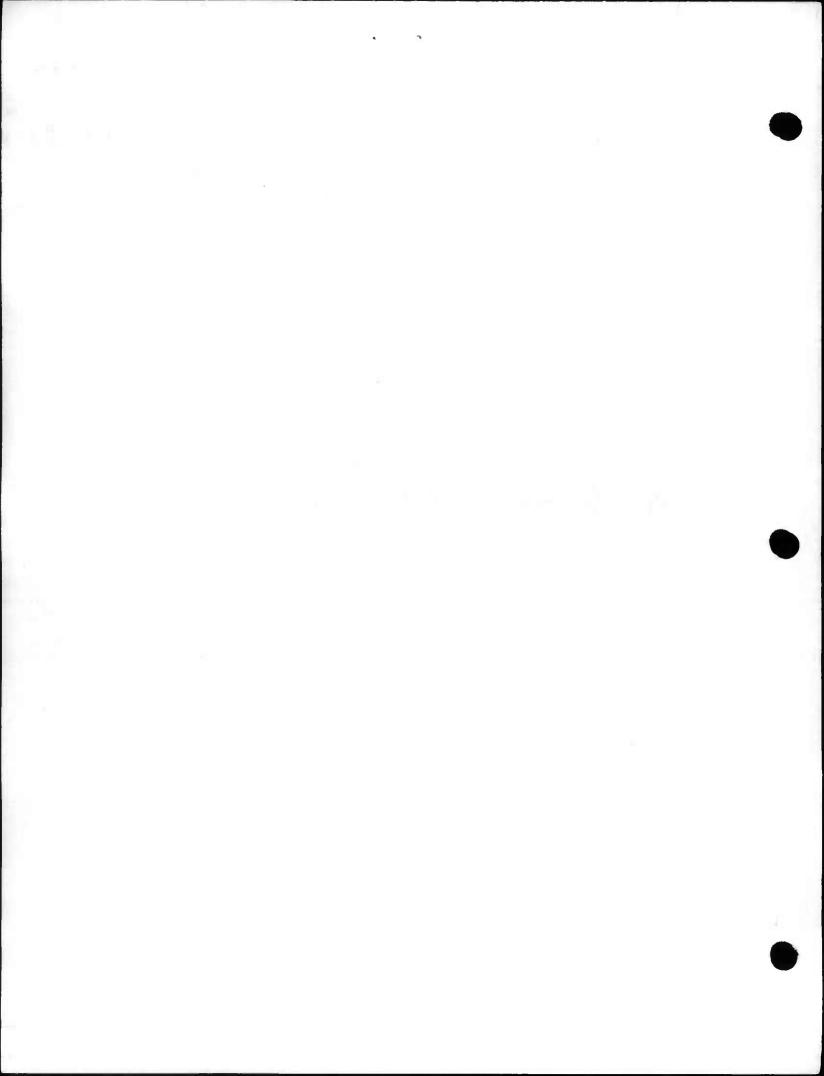
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



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it the death	by the attend	/ Injury, or
that the death	ned by the attend th and Mental H	any injury, or
uires that the death	signed by the attend	ws any injury, or
requires that the death	seen signed by the attend of Health and Mental H	shows any injury, or
law requires that the death	has been signed by the attend Dent. of Health and Mental H	23 shows any injury, or
: The law requires that the death	ate has been signed by the attendate Dent. of Health and Mental H	tem 23 shows any injury, or
CIAN: The law requires that the death	artificate has been signed by the attend	or Item 23 shows any injury, or
4YSICIAN: The law requires that the death	is certificate has been signed by the attend the the State Dent, of Health and Mental H	ed, or Item 23 shows any injury, or
G PHYSICIAN: The law requires that the death	er this certificate has been signed by the attend the with the State Dent, of Health and Mental H	narked, or Item 23 shows any injury, or
NDING PHYSICIAN: The law requires that the death	After this certificate has been signed by the attend	is marked, or item 23 shows any injury, or
ITENDING PHYSICIAN: The law requires that the death	STOR: After this certificate has been signed by the attendance death with the State Dent. of Health and Mental H	28 is marked, or item 23 shows any injury, or
OR ATTENDING PHYSICIAN: The law requires that the death	URECTOR: After this certificate has been signed by the attendance after death with the State Dent of Health and Mental H	em 28 is marked, or item 23 shows any injury, or
AL OR ATTENDING PHYSICIAN: The law requires that the death	AL DIRECTOR: After this certificate has been signed by the attend to hours after death with the State Dent. of Health and Mental H	If Item 28 is marked, or Item 23 shows any injury, or
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death	NERAL DIRECTOR: After this certificate has been signed by the attend hin 72 hours after death with the State Dent. of Health and Mental H	NT: If Item 28 is marked, or Item 23 shows any injury, or
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	E FUNERAL DIRECTOR: After this certificate has been signed by the attend within 72 hours after death with the State Dent. of Health and Mental H	RTANT: If Item 28 is marked, or Item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachen the find within 72 hours after health with the State Dent, of Health and Mental Hydlete prior to burial, centation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLA	AND / DEPARTM CERTIFIC					00 1001	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	AIE OF L	JEAIH	REG.		3. TIME OF DEATH	
		I Fo.	202:0			2. DATE OF DEAT	DAY	YEAR 107C P.	
	4. SOCIAL SECURITY NUMBER	7	n yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	70	8. BIRTHPLACE (State or Foreign	
	510-03-6527	1 X M 2 □ F 7	4 YRS. MO	NTHS DAYS	tours Min.	(Month, Day, Ye) 11/05/1	5	Belle, MO	
TOR	9a. FACILITY NAME (If dot institution, give stre	RIAL HO	96	KIVE	2 A	EATH	9c. COU	MY OF DEATH ANGE	
DIRECTOR	Maryland Prince	e George's		ham Sea				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
	10e. STREET AND NUMBER				IP CODE		10g. CITI	ZEN OF WHAT COUNTRY?	
FUNERAL	7400 Lois Lane				20706			U.S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spec		NIC ORIGIN? (Speci in, Puerto Rican, et y:		14. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	(TION ompleted) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most		16b. KIND O	F BUSINESS/INC	DUSTRY	
PL	12 ————— Heavy Equipment Construction								
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, M			
BE C	Lewis A. Francis					Czeschi			
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City of			
	Ronald L. Francis					aga, Cal			
	20e. METHOD OF DISPOSITION 1 1 1 1 1 1 1 1 1 1	val from State	PLACE OF DISPOSITION other place)	ON (Name of ceme	tery, crematory or	20	c. LOCATION —	City or Town, State	
	4 Donation 5 Dother (Specify)		Green Hil	1 Cemet	ery	W	aynesbo	oro, PA	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			ADDRESS OF FA		_		
	1 / 6.1 /4	1221						al Home, PA	
	23. PART I. Enter the diseases, Dr co	1 1 to For	Aba da ata Da ana					sville, MD 2078	
	shock, Dr heart fallure. Li			enter the mod	e or aying, suc	n es cerdiac Dr	reepiratory an	rest, Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Right-	CONSEQUENCE OF:	l a	Some	1-		Onset and Death	
		DUE TO (OR AS A	CONSEQUENCE OF):	4	0			Ä.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	Respige	CONSEQUENCE OF:	cide	Sina	udra	tabol	i Acidosii w and lung	
ERTIF	that initiated events resulting in deeth) LAST	Mula ste	tic Canl	er des	on g	2 colon	-liv	w and lung	
	PART II. Other significent conditions	contributing to death br					S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CA			•	,		P .	RFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
Ö						— ¹□ Y	ES 21 NO	OF DEATH?	
M						-		1 TYES 2 TNO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Ch	eck only one)			
SIC		HOSPITAL:	atlent 3 DOA 4	THER:		8 Other (Specifi	d		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJUI	RY AT	28d. DESCRIBE		CURED	
ED BY	2 Accident Investigation 3 Suicide S Could not be determined	2 Accident Investigation 3 Suicide S Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)						r or Rurel Route Number,	
COMPLETED	one)	IAN: To the best of my knowl							
Ö	2 MEDICAL EXAMINER	On the basis of examination	end/or investigation, i	n my opinion, des	th occured at the	tima, date end ple	ce, end due to ti	he ceuse(e) end manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	de stre)		29c. LICENSE NUI	MBER	29d. DAT	E SIGNED (Month, Day, Year)	
8 0	alighe	700	V		かるは	583	•	6/15/97	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DE	ATH /ITEM 27 /T Or						

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
9470 ANNA POLIS

Andelle

9470

32. REGISTRAR'S SIGNATURE
Julia Davidson

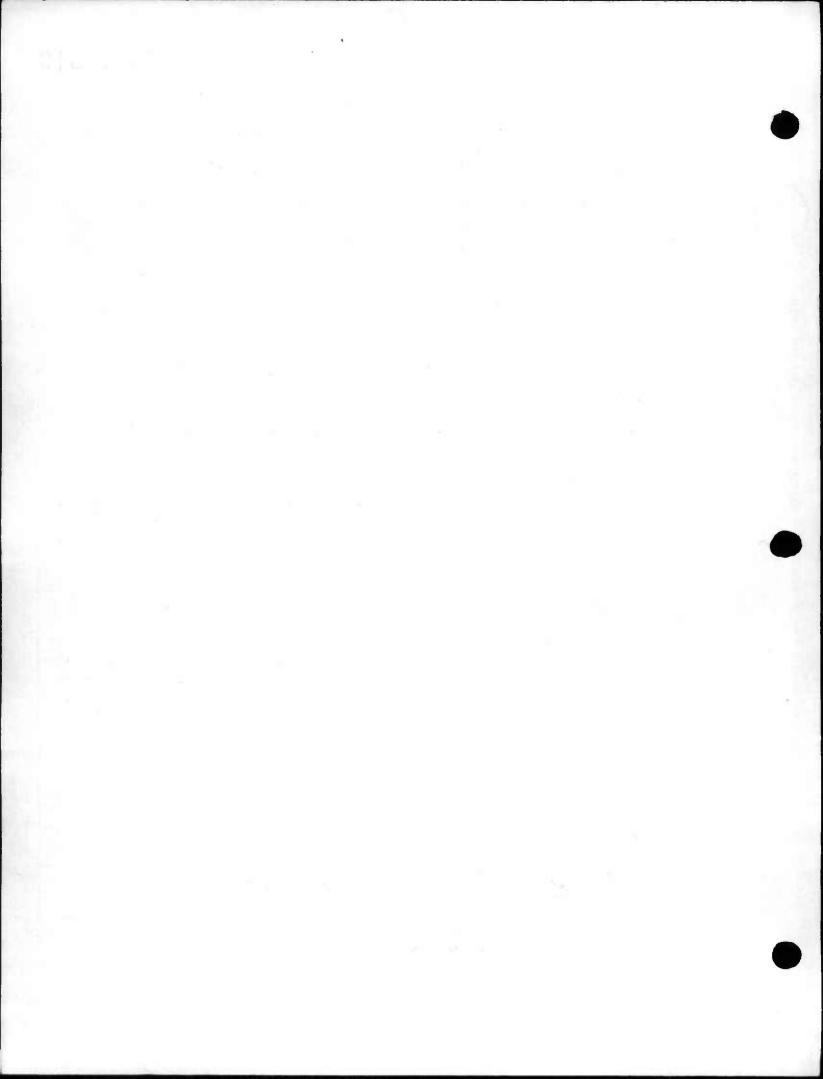
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DHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year)



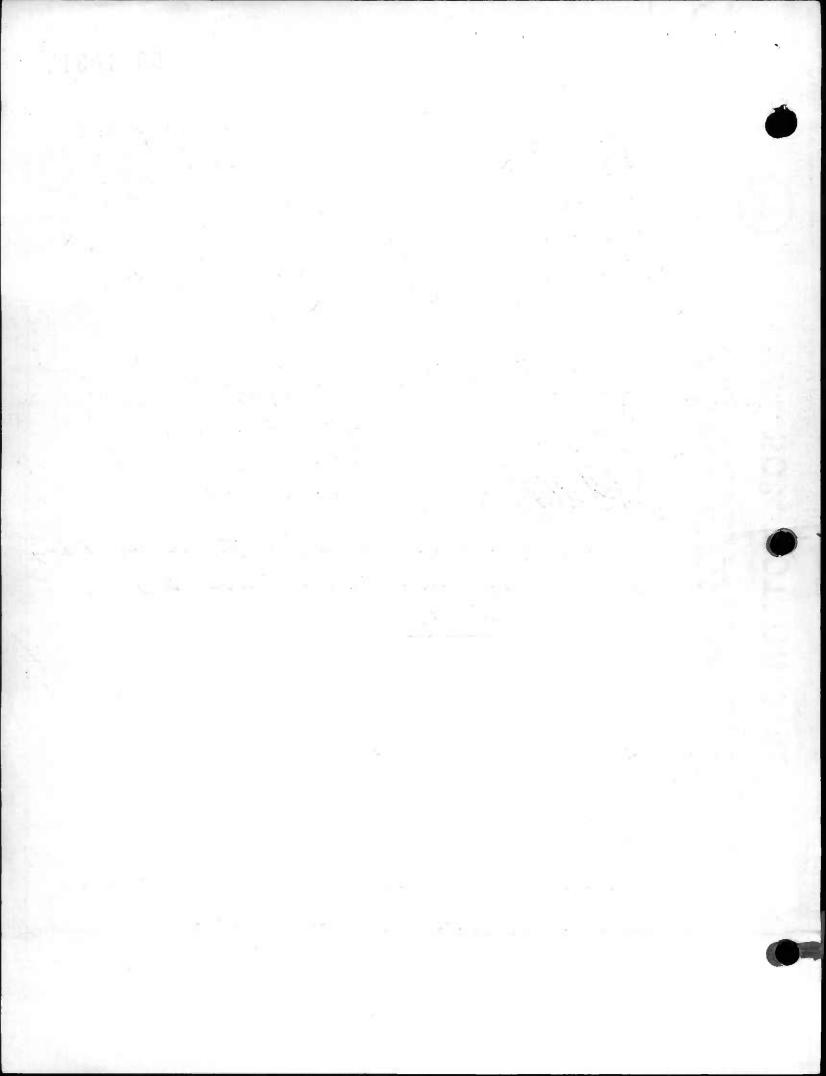
ey, Year)

1 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

I. OECEOENT'S NAME (First, Middle, Last)							2, DATE OF DE	ATH DAY	YEAR	3, TIME OF DEATH
Grace R. Fran	cis						6	10	90	8:35
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	7. OATE OF BIR (Month, Day, 1	1890	Cou	TTHPLACE (State or Fore unity) / exal
Berlin Nursing H RESIDENCE OF DECEDENT				эь. city, тоwn Berl	in, Me				Worc	ester
10a. STATE 10b. COUNTY	ester			erlin	ATION					10d. INSIDE CITY LIMITS? 1 YES 2 N
8 Portage Cour	+			1	of. ZIP CODE	1811		10g.	CITIZEN OI	F WHAT COUNTRY?
	IARITAL STATUS Never Married 12. WAS DECEOENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES		RMED 13. WAS DECENDENT OF HISPAI NO If yea, specify Cuben, Mexica			HISPAN	NIC ORIGIN? (Specify Yea or No— 1/an, Puarto Rican, atc.)			ACE — American Indian lack, White, atc.
15. DECEOENT'S EDUCA (Specify only highest grade co	18a. DEC (Girlife.	tve kind of w Do NOT use	USUAL OCCUPATION done during no retired.) Home	TION nost of working	7	16b. KINO	OF BUSINESS	S/INDUSTRY	1	
17. FATHER'S NAME (First, Middle, Last) Thomas Ryle							ne Youm		ne)	
Beverly Serrell		19b	The state of	Ocean	-		and the second s	or Town, State		
1 Burial 2 Cremation 3 Remov	al from Stala	20b. PLACE 0 other pls	OE DIEDOS	ITION Wome of a	amatan, ama			20c. LOCATIO	N — Cily or	Town, Stata
20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from Stale 4 Donation 5 Disposition (Name of cemetery, cremetory or other place); Consultant Cemetery 20s. METHOD OF DISPOSITION (Name of cemetery, cremetory or other place); Consultant Cemetery 20s. LOCATION — City or Town, State 21. SIGNATURE OF FUNCTION (Name of cemetery, cremetory or other place); Consultant Cemetery 21. SIGNATURE OF FUNCTION (Name of cemetery, cremetory or other place); Consultant Cemetery 22. NAME AND ADDRESS OF FACILITY										
21. SIGNATURE OF FUNERAL SERVICE LICE	1//			22. NAME	ANO ADDRES	214.1.30.0	ral Hom			
23. PART I. Enter the diseases, or co ahock, or heart failure. Li	mplications tha	t causad the de	ath. Do n	22, NAME ULL.	nich f	une	ral Hom	e Be	enlin	, Md.
23. PART I. Enter the diseases, or co ahock, or heart failure. Li	mplications that at only one cau	t causad the de	outh. Do n	22. NAME ULL not enter the m Fig. Cf-ey	nich f	une	ral Hom	e Be	enlin	, Md.
23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	t caused the delete on each line. You will be consecuted to the consecute of the consecution of the consecute of the consecution of t	DUENCE OF	22. NAME ULL not enter the m Fig. C-ey Fig.	and address rich Froda of dyla	une, such	ral Hom as cerdiec D Fin Vasc	e Be	y arrest,	, Md.
23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO CONTributing to	t caused the de se on each line. (OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	DUENCE OF	22. NAME ULL not enter the m Fig. 6 Fig. 6 OTHER:	ANO ADDRESS Rich F Hoda of dyle He m H	given in	Part I. 24e.	WAS AN AUTOPERFORMEOT	y arrest,	Approximation of the control of the
23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending	DUE TO CONTributing to	t caused the delese on each line. Y S-C. (OR AS A CONSECTION OF AS A	DUENCE OF	22. NAME ULL not enter the m F): F): OTHER: 4 Nursing H E OF 28c. I	ANO ADDRESS Rich F Hoda of dyle He m H	earth (Chi	Pert I. 24e.	Treapirator	enlin y arrest,	Approximatinterval Bationset and Onset and Onset and Approximation of Completion of Co
23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO DUE TO DUE TO DUE TO Contributing to HOSPITAL: Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O	t caused the delese on each line. Y S-C. (OR AS A CONSECTION OF AS A	DUENCE OF DUENCE OF COUNTY OF THE PROPERTY OF	22. NAME ULL interpretation of the underlying the	ANO ADDRES TICH F Hode of dyli He n Hog ceuse g PLACE OF DI DOME 5 Re NJURY AT VORK?	earth (Chi	Part I. 24e. Deck only one) 8 Other (Spec 28d. DESCRIBE	WAS AN AUTO PERFORMEOT YES 2 N	enlin y arrest,	Approximatinterval Bationset and Onset and Onset and Approximation of Completion of Co

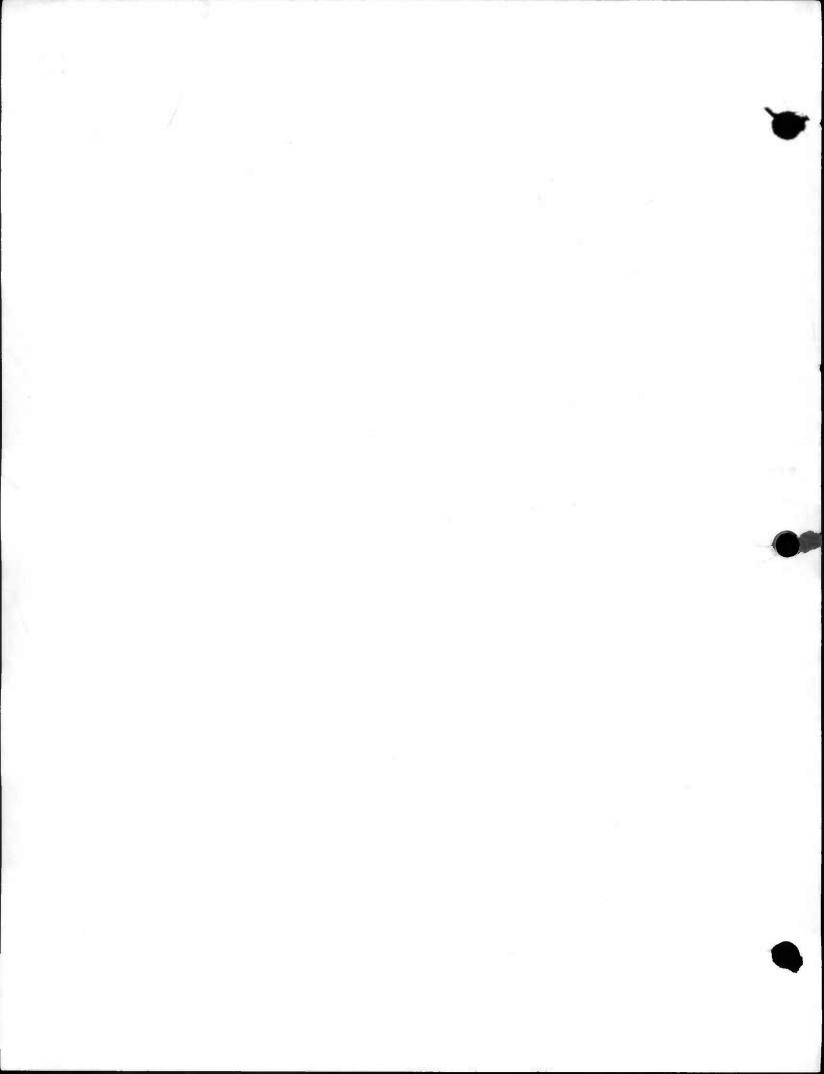
#3 Bay St., Berlin, 21811 Md. 32. REGISTRAR'S SIGNATURE Juna Daydson-Rondell



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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the but	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

	1 - STATE REGISTRAR	CE	RTIFICA	ATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last) THOM	n A5,	FI	RANK	5	2. DATE OF DEAT	H DAY/	9 VEAR	3. TIME OF DEATH 2045 M		
	4. SOCIAL SECURITY NUMBER 5. SEX 214-52-7846 1 M 2 □ F	6. AGE (In yrs. last i		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea June 21	1942	Countr	ARYLAND		
TOR	9a. FACILITY NAME (If not institution, give street and number) PLEASANT LIVING NURSING H RESIDENCE OF DECEDENT	OME		CITY, TOWN OF	LOCATION OF DE	ATH		UNTY OF D	RUNDEL		
DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCATI					10d, INSIDE CITY LIMITS?		
	MARYLAND ANNE ARUNDEL 100. STREET AND NUMBER 38 BLOOMSBURY SQUARE	<u></u>	AN		S ZIP CODE 21401			TIZEN OF V	1 YES 2 NO		
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDED 1V Y Never Married 2 Married FORCES?	IT EVER IN U.S. ARM ☐ YES 2 NO MAR OR DATES			offy Cuban, Mexican	IIC ORIGIN? (Specif n, Puerto Rican, etc		Speci	E — American Indian, k, Whita, atc. Hy: BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) TILE SETTER							IDUSTRY			
CON	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NAI	ME (First, Middle, Ma	iden Sumame)				
BE	WILLIAM F. THOMAS Sr. 19s. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADD	DRESS (Street an		ARET IC	HNSON Town, State, 2	(ip Code)			
2	WILLIAM THOMAS				SOHARE	ANNAPOI			401		
	20s. METNOD OF DISPOSITION (C) Burlel 2 Cremation 3 Removal from State 4 Donalion 5 Other (Specify)	other plac	ce)	N (Name of cem	etery, crematory or	200	LOCATION -				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_ IINEL/	AWN FIE		ADDRESS OF FA	CILITY 821 W	ANNAPO EST ST		NAPOLIS. MD.		
	Larry D. Bees	e		WILL	IAM REES	E & SONS		-	1401		
	23. PART I. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUIL TO (OR AS CONSEDUENCE OF);										
CERTIFICATION	Sequentialty list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
ERTI	that initiated events resulting in death) LAST d.										
DICAL C	PART II. Other significant conditions contributing to	death but not re	suiting in t	ha undariying	causa given in	PE	S AN AUTOPS' RFORMED? ES 2 NO	Y 24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH?		
PHYSICIAN: MEI						_			1 TES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATN (Ch	eck only one)					
YSIC		☐ ER/Outpatient 3 (DOA 95			6 Other (Specify					
	1 Natural 5 Pending	F INJURY Day, Year)	26b. TIME OF	WO		28d. DEŞCRIBE N	OW INJURY O	CCURED			
TED BY	3 Suicide 28e. PLACE	OF INJURY — At hon , etc. (Specify)	ne, farm, stree	t, lactory, office		281. LOCATION (S City or Town,	treet and Numb State)	oer or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of								s) and manner as atated.		
TO BE C	29th SIGNATURE AND STILE OF CERTIFICATION OF CERTIFICATIO	ly ly			290 LICENSE NUI	WBER 38	29d. D.	06	118/90		
_	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CA	JA MO	27) (Type, Pris	90 R	OGLE	y Au	Su	4/2	N ANNAPOLD		
	JUN 1 8 1990 Julia Savidson	AR'S SIGNATURE							maria		

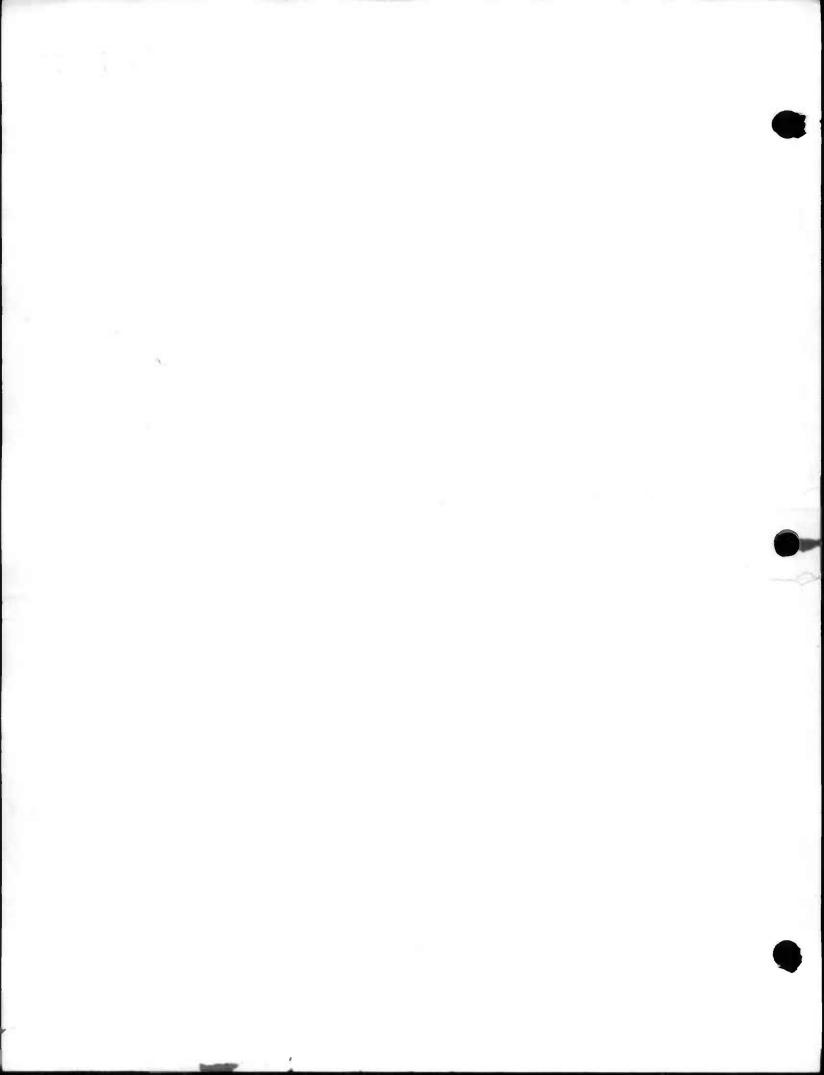


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

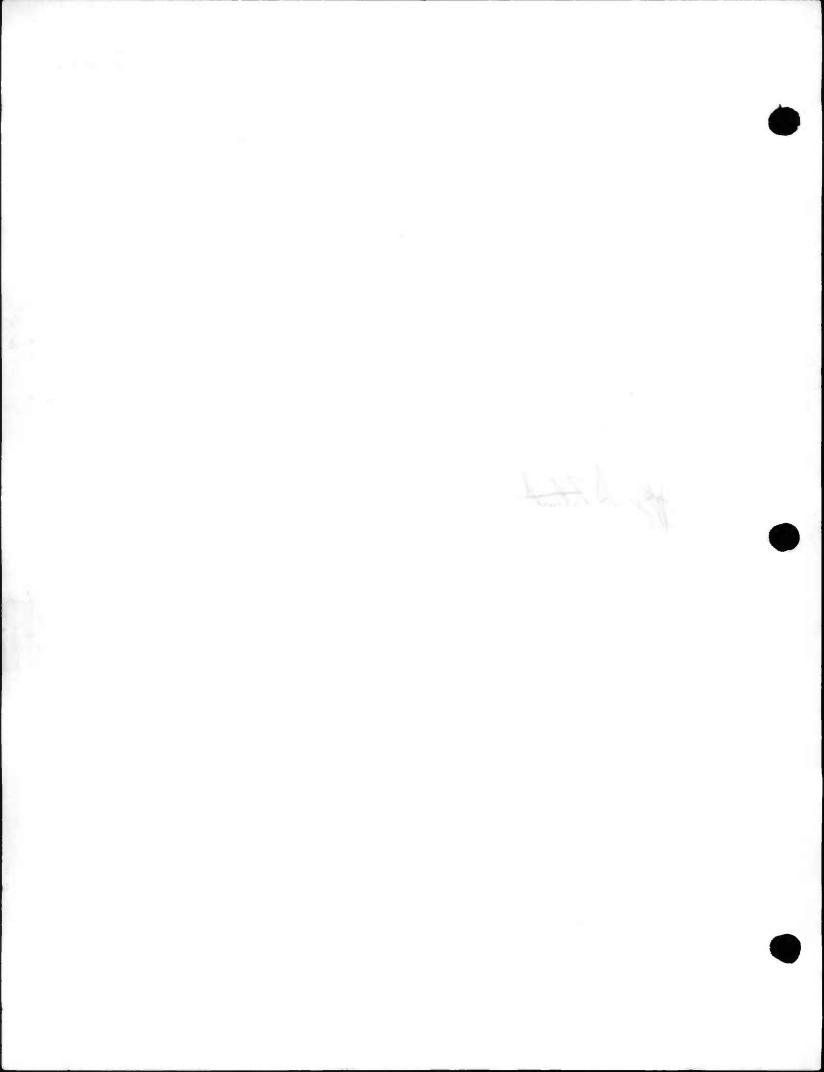
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frector, page 5	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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his certificate has been signed by the attending physician with the State Debt. of Health and Mental Hygiene prior	sho
Dept	23
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his c	ked.
TO THE FUNERAL DIRECTOR: After this certificate has been see filed within 72 hours after death with the State Debt. of H	mar
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.		- NA
1. OECEDENT'S NAME (First, Middle, Last)	Henry Calvir			DEATH	2. DATE OF DEATH		3. TIME OF DEATH
Henry C.		TT,	~		June 24,	1990 YEAR	M
4. SOCIAL SECURITY NUMBER		In yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
212-14-7567	1 € M 2 □ F 72	YRS. MO	THS DAYS	HOURS MIN.	Apr.1,191	8 Mar	yland
9a. FACILITY NAME (If not institution, give s	reet and number)	96	CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
Washington County	Hospital		Hagers	town		Washing	ton
RESIDENCE OF DECEDENT			OWN OR LOCAT				
							10d. INSIDE CITY LIMITS?
Maryland Wash	ington	над	erstow	ZIP CODE			1 X YES 2 NO
1414 Oak Hill Ave			101	21740		USA	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III S ADMED	12 WAS DEC		NC ORIGIN? (Specify Year		CE - American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp		n, Puarto Rican, etc.)	Ble	ck, White, atc.
3 Widowed 4 Divorced	IF TES, GIVE WAN ON D	NES.	I I I IES	Z L NO Specin	<i>γ</i> .		ocity: nite
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEOENT'S USI	JAL OCCUPATIO	ON et of working	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re					
		V.P. &	Treas			acturing	3
17. FATHER'S NAME (First, Middle, Last)				1.0	ME (First, Middle, Maiden	Sumame)	
Robert G. Folt:	z, Sr.			Ella Ga			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		7/0
Nelda D. Foltz					agerstown,		
20a. METHOD OF DISPOSITION 1 ↑ Burlal 2 □ Cremation 3 □ Ram	oval from State	. PLACE OF DISPOSITION other place)			1.50	CATION — City or	
4 Donation 5 Other (Specify)		est Haven				gerstown	n, Maryland
21, SIGNATURE OF FUNERAL SERVICE LIC	D-	1	MINNI	id address of fa CH FUNER	AL HOME		
DCOUT (Dunne	ch	415 E	. Wilson	Blvd., Ha	gerstown	n, Md. 21740
23. PART I. Enter the diseases, or o	complications that caused List only one cause on e		enter tha mo	da of dying, auc	h as cardiac or reapi	ratory srreat,	Approximata interval Between
IMMEDIATE CAUSE (Finei	5 - Massach - 1						Onset end Death
disease or condition resulting in deeth)	e. Renal -	failure	an	-d			
A SPECIAL CONTRACTOR	DUE TO (OR AS A	CONSEQUENCE OF):		-			
Sequentially list conditions,	· Respire	CONSEQUENCE OF):	Fail	re			
if sny, leading to immediate							
CAUSE (Disesse or injury	c. Septic	CONSEQUENCE OF):					
that initieted events resulting in death) LAST	. Bilat	eral Dr	Piller	M + (rean 154	. Lakua	un Bweeks
					1	ON HEL	on. ecens
PART ii. Other significant condition					Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Chronic (bstructive	Pulma	navy	diseas	1 TYES 2	No	COMPLETION OF CAUSE OF DEATH?
					i		1 YES 2 NO
				_			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF OEATH (Ch	eck only one)		
1 🗆 YES 2 🕩 NO	1 Pinpatient 2 ER/Out	oatlant 3 DOA 4	☐ Nursing Hor		8 Cher (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WC	URY AT PRK?	28d. DESCRIBE HOW	NJURY OCCURED	
1 Netural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe-	— At home, farm, stre cify)	et, factory, offic		28f. LOCATION (Street City or Town, State)	and Number or Run	il Route Number,
enci	CIAN: To the best of my know						
2 MEDICAL EXAMINE	R: On the beals of examination	n and/or investigation, i	n my opinion, o	leath occured at the	time, date and place, ar	d due to the caus	e(a) and menner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		ED (Month, Day, Year)
Redword E.	1 - 10-	D.				6/2.	120
30. NAME AND ADDRESS OF PERSON WH				4 4	4-		4
Richard E.	Smith, "		00 0	ckttill	Ave, Ha	gerstow	4 Md 21740
31. DATE FILED_(Menth, Day, Year)	2. REGISTBAR'S SIGN					6	,



1		FOR STATE REGISTRA
	1. D	ECEDENT'S N

	* REGISTRAR			ERIT	ICALE	Ur	DEA	I H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				· · · · ·				2. DATE OF	DEATH			3. TIME OF DEATH
	Dr. John	P. For	rt						June	17,		90	6:43 P M
	4. SOCIAL SECURITY NUMBER	TY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)					F UNDER 1 YEAR #F UNDER 24 HRS. 7. DATE OF BIRTH					8. BIRTI	IPLACE (State or Foreign
	413 24 8246	1 🛣 M 2 🗌 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D Sept.		1923	Count	nessee
	9a. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE				NTY OF D	
8	Shady Grove Adver	ntist Hos	spital			Roc	kvil.	le			Mo	ntao	mery
DIRECTOR	RESIDENCE OF DECEDENT		P = 344										
R	10a. STATE 10b. COUNTY				Y, TOWN O		_						10d. INSIDE CITY LIMITS?
	-	-	_	Wa	ashin								1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					1.00	. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
剪	4704 Linnian Avenu					_	2000						States
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER FORCES? 1	TEVER IN U.S. A		16	yes, sp	ecify Cube	n, Mexicar	IC ORIGIN? (Specify Yes an, etc.)	or No—	14. RACI	E — Amarican Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1	☐ YES	2 🐴 NO	Specify	:			Spec	White
	15. DECEDENT'S EDU		16a	DECEDENT'S	USUAL OC	CUPATIO	ON		18b. Ki	ND OF BUS	SINESS/IN	DUSTRY	MIIT CG
	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of a life. Do NOT us	work done d	luring mo	at of worki	ng	1				
7		5+		ssocia	ate M	ledi	cal 1	Dire	ctbr	Ch	estn	ut L	odge
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-5 11		_		ME (First, Mid-	die, Maiden	Surname)		
	John P. Fort						Lo	uise	Frazi	ler			
BE C	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe	r or Aurai F	Route Number,	City or Tow	n, State, Zi	p Code)	
2	Denise C. Fort	5		4704 1	Linni	an .	Aven	ue, 1	N.W.,	Wash	ingt	on,	D.C. 20008
	20e. METHOD OF DISPOSITION 1	auni due m. Dava	20b. PLAC	CE OF OISPO	SITION (Nar	me of cer	metery, crer	matory or		20c. LO	CATION -	City or To	own, State
	4 □ Donation 8 □ Other (Specify)	oval from State	st.	Mary									Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-		22.1	NAME A	ND ADDRE	SS OF FA	CILITY RO	bert	Α.	Pump	hrey Funeral
	> W /	1	M006	80	HO Av	me/. enu	ROCK ROCK	ville ockv:	e, Inc ille.	Marv	0 We	st M 208	ontgomery 50-2805
T	23. PARWIF that the diseases, or o	complications the											Approximate
	mock, or haart fallure.	Liat only ona ca	use on each II	ine.				,			,	,	Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		0	1		A	0.0	4					Oliset and Death
	resulting in death)	a	OR AS A CONS	SEQUENCE O	P:	110	7000		A	0.20		. *	
_	_		A	10/	Your		. 11	1	T	. /	7	0.00	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO	OR AS A CONS	SEOUENCE O	Pi)		ie	100		1	cer	J.C. 1.	
M	cause. Entar UNDERLYING				V								
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONS	SEOUENCE O	F):								
F	resulting in death) LAST	d											
	PART II. Other algolificant condition	as contributing to	o daath but no	t resulting	In the un	darivin	O Catter	glyen in	Part i la	4n. WAS AN	AUTOPSV	2.4	b. WERE AUTOPSY FINDINGS
EDICAL	algimonic condition	John Manny (- aunti NOT HO	. resuming	ure ell	wai iy ii i	a cansa	Sanni al		PERFO	RMED?	24	A/AILABLE PRIOR TO COMPLETION OF CAUSE
ä									'	YES 2	NO		OF DEATH?
													1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1				26 6	ACE OF	DEATH #04	eck only one)				
PHYSICIAN: M	EXAMINER?	HOSPITAL:	V 5010	2 🗆 224	OTHER	R:							
178	27. MANNER OF DEATH	1 Inpatient 2		3 LI DOA	_		JURY AT	aaldenca	8 Other (INJURY O	CCURED	·
P	1 Netural 5 Pending		Day, Year)	IN	JURY	WC	YES 2	□ NO	200. 5200.		incom o	JOOKED	
ВУ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE	OF INJURY At	home, ferm.	street, fact				28f, LOCAT	ION (Street	and Numb	er or Rural	Route Number,
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined		, etc. (Specify)			,,				Town, State			,
E	290, CERTIFIER			4-4									
MP	(Check only one) 299. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												(a) and menner as stated.
8		- 1	examination and	, investigati	011, 111 HIY 0	pinion,				na piece, e			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	5	Pall	MIN			29c. LIC	ENSE NUI	MBER 7 -		29d, DA	TE SIGNE	D (Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WI	IO COMBI ETEO CO	ISE OF OFTE	TEN OD G	Dul-ai			(,	> 00	,		6 / /	7/90
	P. L. +	COMPLETED CAL	JOE OF DEATH (-1	1			0	0.	/	Ro	etri/le
	31. DATE FILED (Month, Day, Year)	32 BEGISTS	AB'S SIGNATUR	1225	Sha	dy	r 0	+01	< /	Coad			Mol.
	T ST. ST. THE PROPERTY OF THE PARTY OF THE P			Prode 00									



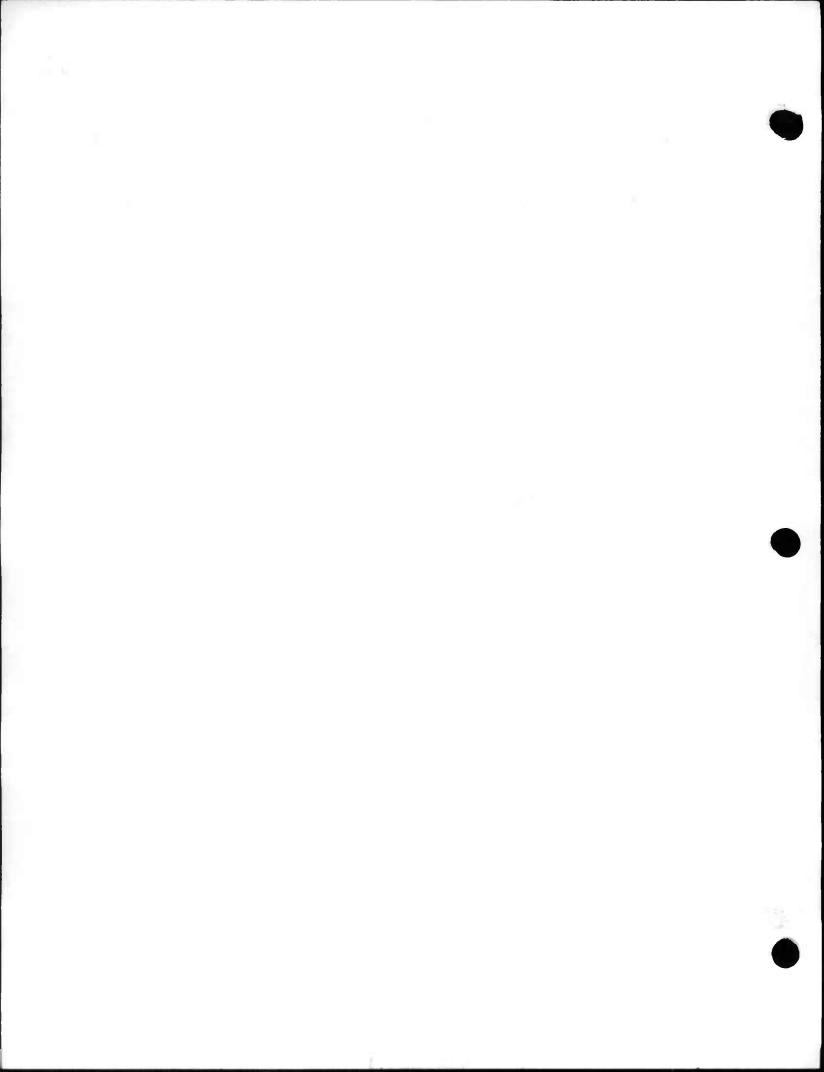
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PITA	PA.	1 E
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may b	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages within a standard on the funeral director, pages within a few death with the State Deat of Health and Mental Haniele print to build cremation, or removal.	THAN I HAM 28 Is marked on them 23 shows any injury or other traumatic event. The medical examiner must be
30	E 3	E

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
NE (First, Middle, Last)	The state of the s	2. DATE OF DEATH MONTH DAY

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		4			2. DATE OF DE		YEAR	3. TIME OF DEATH
	Anna FEYKO					June 1		1990	10:40 PM
			MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	TH Year)	Cour	
	181-05-6243 Se. FACILITY NAME (If not institution, give stre		30 YRS.		R LOCATION OF DE	(Month, Day, 11/3		MO I	сеа, Ра.
DIRECTOR	AMI DRS HOSPITAL	OF PG COUNTY	7	Lanham			Р	rince	George
35	10a. STATE 10b. COUNTY			WN OR LOCAT					10d. INSIDE CITY LIMITS?
ā		e Georges	1.7	16.		abrook			1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101.	20706		109. 0		WHAT COUNTRY?
NE I	6812 96th Plac	12. WAS DECEDENT EVER IN	II.C. ADMED	40 HING OFFI	ZU/UO ENDENT OF HISPAN	uo opioum m-	- Mr. Mr. a. Ma	USA	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	ecify Cuban, Maxicai 24 NO Specify	n, Puerto Rican,	etc.)	Ble	ck, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR ON DE	il Es	1 1 123	Z- NO Specify			WF	nite
윤	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	AL OCCUPATIO	N st of working	16b, KIND	OF BUSINESS/	INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew:	_		H	memak	or	
MO	17. FATHER'S NAME (First, Middle, Last)		Housewi		18. MOTHER'S NAI				
Ö	Joseph Chando)				Knott		,	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street a	nd Number or Rural F			Zip Code)	
٩	Nancy Faass		6812 9	oth Pi	l. Seab	rook,	Md. 2	0706	5
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remov	val 1rom State	PLACE OF DISPOSITION other place)				20c. LOCATION		
	4 Donation 5 Other (Specify)	S1	t. Johns				Potts	town	ı. Pa.
	21. SIGNATURE OF FUNERAL SERVICE LICE	nsee	7	Warke	er-Trou	tman F	unera	1 Hc	ome
	Richard	Kendes		726 I	High St	. Pott	stown	, Pa	1.19464
	23. PART I. Enter the diseases, or co shock, or heart fellure. L			entsr tha mo	da of dylng, sucl	h as cardiac d	r respiretory	arrest,	Approximata Intsrval Bstween
	IMMEDIATE CAUSE (Final disease or condition	(4 0 - 4				2100			Onset and Death
	resulting in desth)	DUE TO (OR AS A	CONSEQUENCE OF:	MRY	AX	REST			
z		CONAFS TO DUE TO (OR AS A	A ATEA	RT	EALL	RE			ļ
5	Sequentially list conditions, if any, isading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		7 11				
CERTIFICATION	CAUSE (Disease or Injury	DUE TO (00 40 4	CONTROL STATE OF						
Ë	that initiated events resulting in dasth) LAST	DUE TO (OH AS A	CONSEQUENCE OF):						j
CEF									
ÄL	PART II. Other significant conditions	contributing to death b	ut not resulting in t	hs undarlying	g cause given in		WAS AN AUTOP: PERFORMED?	SY 2	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1□	YES 2 NO		OF DEATH?
ME						_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		-	
SICI	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Rasidence		c(fv)		
HX	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT		E HOW INJURY	OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? YES 2 NO				
	3 Suicide S Could not be	28a. PLACE OF INJURY building, etc. (Spec	At home, farm, stree	t, factory, offic	•	28f. LOCATION City or Tow	(Street and Nun	ber or Run	il Route Number,
ETE	4 Homicide determined								
COMPLETED	and and	CIAN: To the best of my know							
00	2 MEDICAL EXAMINER	R: On the basis of axamination	n and/or investigation, i	n my opinion, d	eath occured at the	1lme, data and p	place, and due t	o the caus	e(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- Navo		4.0	29c. LICENSE NUI				ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		~4)					-14-90
	SANKARAN M. 1	VAYAR, MD	371	7-38	ANT 1	BRETT	war,	, MD	20722
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	-fandell						



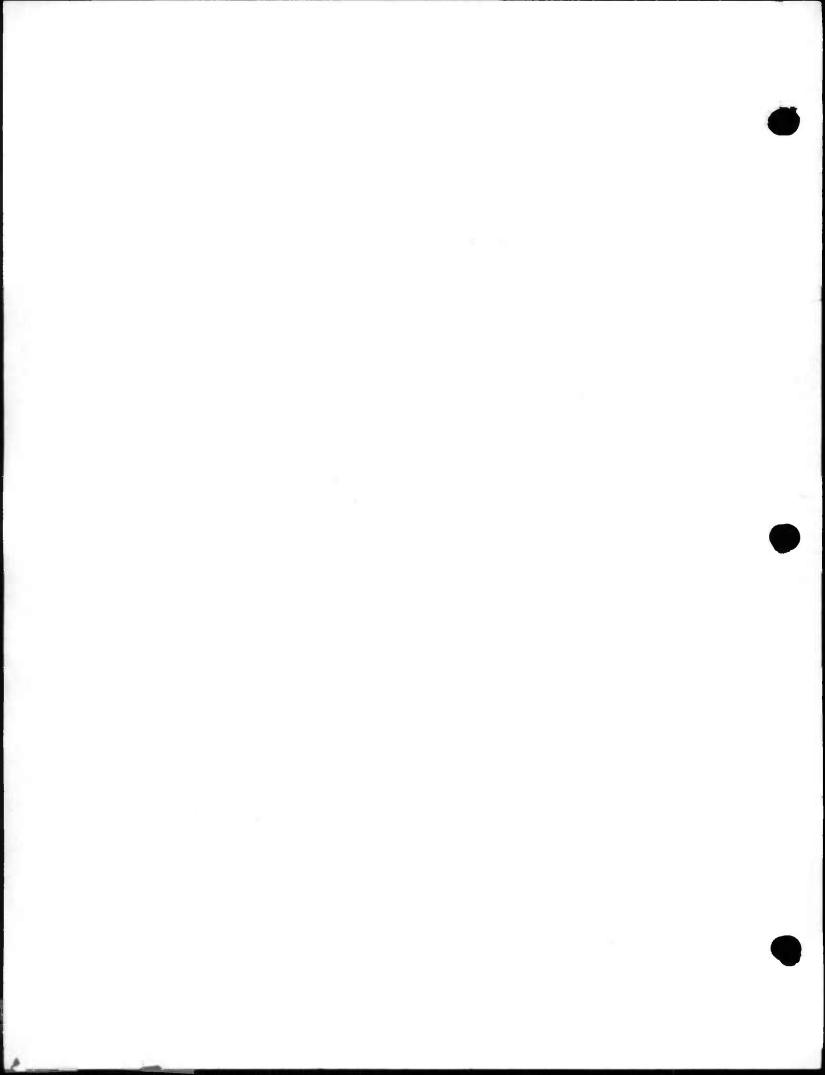
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FOR 1 - STATE REGISTRAR		STATE OF MAR				F HEALTH AND OF DEATH	MENTA	L HYGIENI REG. NO.	E		
1. OECEOENT'S NAME (F)	Irst, Middle, Last)							OF DEATH	_		3. TIME OF DEATH
WILLIAM	vî.	PATRICK		FALDU	тт		MONT 6	-11-90	(Y	YEAR	2:12PM M
4. SOCIAL SECURITY NU	_		AGE (In yrs. I		IF UNDER 1 YE	AR IF UNDER 24 HRS.	. 7. DATE	OF BIRTH	T	6. BIRTHP	LACE (State or Foreign
		1 🔀 M 2 🗆 F	37	YRS.	ONTHS DA	YS HOURS MIN.		24/52		Dogs	ack. NJ
9e. FACILITY NAME (If no	t institution, give st	treet and number)	-		9b. CITY, TO	WN OR LOCATION OF		24132	9c. COUN		
1101 Merc	cantile	Lane-rear		-	Land	dover			Pri	nce	Georges Co
RESIDENCE OF D	ECEDENT								L		
10e. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR L	OCATION				- 13	10d. INSIDE CITY LIMITS?
Maryland		ice George	s	M	itche:	llville					1 TES 2 NO
10e. STREET AND NUMBI	ER					10f. ZIP CODE			10g. CITIZ	EN OF W	IAT COUNTRY?
904 W. Ha	aven Dri	ive				20716			U	.S.A	•
11. MARITAL STATUS		12. WAS DECEDENT EX	YES 2	ARMED		OECENOENT OF HISP e, specify Cuben, Mex			or No—	14. RACE Bleck,	- American Indian, White, etc.
1 Never Merried 2 3 Widowed 4 D	_	IF YES, GIVE WAR				YES 2 XNO Spe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Specify	:
		1		Comments III is							White
	DECEDENT'S EDU only highest grade		16e. I	Give kind of wo	ork done durin	PATION og most of working	16	b. KIND OF BUS	SINESS/IND	JSTRY	
Elementery/Secondery	y (0-12)	College (1-4 or 5+)						- 44			
	- CO		Fi	rankli	n Inve	estments		Colle			
17. FATHER'S NAME (First		,					, ,	Middle, Malden			
August W.		-						Richa			
19a, INFORMANT'S NAME						reet end Number or Rur					
August Way		luti				enue, Hya					20781
20e METHOD OF DISPOS 1 Deurle 2 Creme	SITION ation 3 🗆 Rem	oval from State	other	place)	1100	of cemetery, crematory of			CATION C	Ity or Tow	n, State
4 Donation 5 Dot		- A	Wash	ningto		ional Cem		Bre	entwo	od, l	Maryland
21. SIGNATURE OF FUNE	HAL BERVICE LIC	CENSEE			Fr:	and address of ancis Gas	ch c	Sone E	more	1 110.	no DA
1/6/	E/2	Dro Isa	_		473	39 Baltim	ore A	UP H	mera.	⊥ noi	me, FA e. Md 20781
23. PART I. Enter the											Approximate
immediate cause (Liet only one ceuse	on eech II	ne.							Onset and Desth
disease or condition		. Multiple	anns	hot wo	unds						- 00 July 1 1 0001
resulting in deeth)	,			SEQUENCE OF							1
		b									
Sequentielly ilst con		DUE TO (OR	AS A CONS	SEQUENCE OF	:		_				
cause. Enter UNDER		G									
that initiated events		DUE TO (OF	AS A CONS	SEQUENCE OF):						
resulting in death) L	AST	d									
PART ii. Other eignlf	icant condition	ns contributing to de	eth but no	t requiting in	the under	riving ceuse given	in Part i	24n WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
					· ine unice	.,g coaco giron		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
1								XXX YES 2	NO I		OF DEATH?
		_								^	YES 2 NO
25. WAS CASE REFERRE	- *** HEALAL										
EXAMINER?	O TO MEDICAL	HOSPITAL:			-	26. PLACE OF DEATH			Sce	ne	
ÌŽXYES 2 □ NO		1 D Inpatient 2 DE				Home 5 🗆 Reelden					
27, MANNER OF DEATH	Pending	FOUND:		- PO HYJU	MCCYPL	c. INJURY AT WORK?		abject		URED	
2 Accident	Investigation				0.00	YES Z NO					
3 Suicide 6	Could not be determined	28a. PLACE OF III building, etc.	(Specify)		reet, factory, 'ear	office		CATION (Street			.101) ,Lando
AAMA					CUL			~		~	inty,MD
					d at the time	date and place, end	due to the c	euse(e) end me	nner en state		LLLL V PI'IL
CONOCK DINY -	ERTIFYING PHYS	ICIAN: To the beet of my	knowledge,	death occurre	G at the time,	and place, one				ea.	
(Check only		ER: On the basic of exam					the time, da				
(Check only	MEDICAL EXAMINE	ER: On the basie of exam							nd due to th	e cause(e) E SIGNED	end manner ee stated. (Month, Day, Year)
(Check only one)	MEDICAL EXAMINE	ER: On the basie of exam				29c. LICENSE			nd due to th	e cause(e) E SIGNED	end manner ee stated.
(Check only one)	TLE OF CENTIFIE	ER: On the basic of exam	Instion end/	or Investigation	n, in my opini	29c. LICENSE	NUMBER		nd due to th	e cause(e) E SIGNED	end manner ee stated. (Month, Day, Year)

32. REGISTRAR'S SIGNATURE





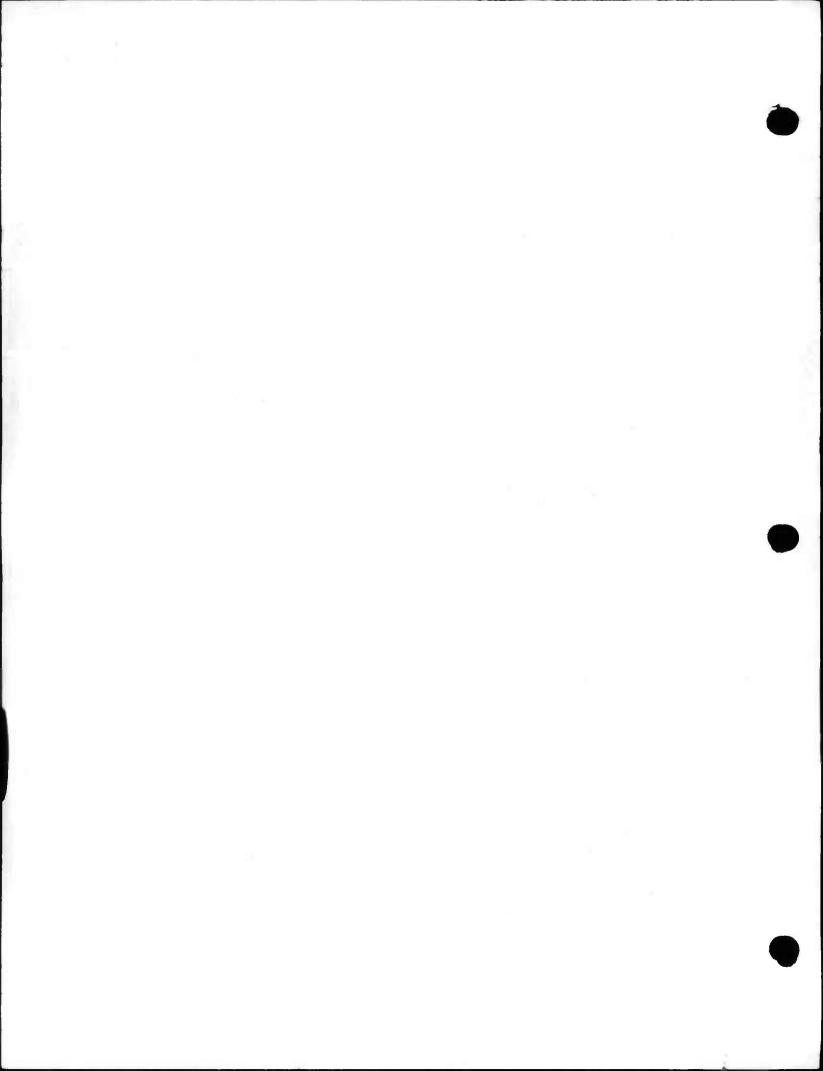
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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ICIAN: 1	this certificate has been signed by the attending physician and completely
PHYS	this
DING	After
ATTENC	ECTOR:
98	R
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death,	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera
ш	ш

	sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should niot to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the med

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Edwin A	. Fields		2. DATE OF DEATH MONTH 6	SEAR SO STIME OF DEATH
				R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
	216 44 4222	1 X M 2 □ F 85	YRS. MONTHS	DAYE HOURS MIN.	(Month, Day, Year)	Country)
	9e. FACILITY NAME (If not institution, give street	21 0)	9h CIT	Y, TOWN DR LOCATION OF DI	4/20/05	Maryland COUNTY OF DEATH
œ	Dec and the second control second					
2	Prince George Hos	spital	C	<u>heverly Mar</u>	yland	Prince George
D	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY
<u>E</u>	Maryland P	rince Geor			lege Park	LIMITS?
91	10e. STREET AND NUMBER		0			1 YES 2 NO
ਡ	1	Two wards (10f. ZIP CODE		g. CITIZEN DF WNAT COUNTRY?
BY FUNERAL DIRECTOR		Iroquois S			20740	USA
5		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 13	WAS DECENDENT OF HISPAI		No — 14. RACE — American Indian, Black, Whits, atc.
7	1 Never Merried 2 Merried	IF YES, GIVE WAR OR DA	TES	If yes, specify Cuben, Maxics 1 YES 25 NO Specific		0
	3 Widowed 4 Divorced			22		White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	180. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY
ᇤ		College (1-4 or 5+)	life. Do NOT use retired.	during most of working		
4	1/12	2 Years	US_Govern		Acct.	IRS
8	17. FATHER'S NAME (First, Middle, Last)	Z TEALS I	DS_GOVERN		ME (First, Middle, Maiden Surr	name)
ŏ						natroy
BE	Johannes Fields 198. INFORMANT'S NAME (Type/Print)				CRuchwald_	
٩	177		19b. MAILING ADDRES	SS (Street and Number of Rural	Route Number, City or Town, St	tate, Zip Code)
	Paul D. Mannina		1829 т	ufa Terrace	Silver Spri	naMd
	20a. METHOD OF DISPOSITION	20b.		lame of cemetery, crematory or		ION — City or Town, State
	1- Buriel 2 Cremetion 3 Remov	al tront state	St.Mark's	Cemeterv	Fair	land,Md.
	21. SIGNATURE DF FUNERAL SERVICE LICEI	NSEL		. NAME AND ADDRESS OF FA		
	4 4 1	/ 1/	1	Hines/Rinald	11800 New	Hamp.Ave.S.S.Md.
	Norus A. A	rant				
	23. PART i. Enter the diseases, or co ahock, or heart feiture. Li	mplications that caused	the deeth. Do not ente	or the mode of dying, aud	h aa cardiac or respirati	ory arrest, Approximate
	iMMEDIATE CAUSE (Finel	st only one cause on ee	cn line.			interval Between Onset end Death
	diseese or condition	Sonlic				4840 ucs
	resulting in death) a.	DUE TO (DR AS A	CONSEDUENCE DEN			10,707
_		unka				į
8	Sequentially list conditions, b.	DUE TO (DB AS A	CONSEDUENCE OF):			<u> </u>
F	If any, leading to immediate couse. Enter UNDERLYING	502 TO (511 NO X	oonseptence or j.			i
5	CAUSE (Diseese or injury C.	DHE TO (OR AS A	CONSEDUENCE OF):			
Ē	that initiated events resulting in deeth) LAST	30L 10 (011 A0 A	CONSEDUCINOE ON J.			j
CERTIFICATION	d.					ļ
	PART II. Other significent conditions	contributing to deeth be	it not resulting in the u	inderlying ceuse given in	Part i. 24s, WAS AN AUT	TOPSY 24b. WERE AUTOPSY FINDINGS
S		eventin	•		PERFORME	D? AVAILABLE PRIOR TO
ă	- January Con	wer II w			1 YES 2	NO OF DEATH?
2						1 C YES 2 C ND
ä					14	1
a I				26. PLACE OF DEATH (C)	eck only one)	
-3 1	25. WAS CASE REFERRED TO MEDICAL			R:		
SICI	EXAMINER?	HOSPITAL:	oTHE		R Cher (Conclet)	
1YSICI	EXAMINER? 1 YES 2 ND	1 Inpatient 2 ER/Outp	itlent 3 DOA 4 N	ursing Home 5 - Residence		BY OCCURED
PHYSIC!	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH		28b. TIME OF INJURY	28c, INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW INJU	RY OCCURED
BY PHYSICI	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJU	
ED BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY At home, farm, street, fe	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJU	Number or Rural Route Number,
	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY	28b. TIME OF INJURY At home, farm, street, fe	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJU	
	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER 1 CERTIFUNG PLANSING.	28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, stc. (Speci	28b. TIME OF INJURY M At home, farm, street, fa	uraing Home 5 Residence 29c. INJURY AT 1 YES 2 NO ctory, office	28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State)	Number or Rurel Route Number,
	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not determined 29e. CERTIFIER (Check only 1 CERTIFVING PHYSICI	28a. DATE DF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY M At home, farm, street, fe	uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(e) end menner	Number or Rural Route Number, as stated, us to the cause(s) and menner so stated.
COMPLETED BY PHYSICIA	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICI ONE)	28a. DATE DF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY M At home, farm, street, fe	uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(e) end menner	Number or Rural Route Number, as stated, us to the cause(s) and menner so stated.
E COMPLETED	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not determined 29e. CERTIFIER (Check only 1 CERTIFVING PHYSICI	28a. DATE DF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY M At home, farm, street, fe	uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(e) end menner	Number or Rural Route Number, as stated, us to the cause(s) and menner so stated.
BE COMPLETED	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not determined 29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICI (Check only one)	28a. DATE DF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY M At home, farm, street, fe	uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(e) end menner	Number or Rural Route Number, as stated, us to the cause(s) and menner so stated.
E COMPLETED	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE AUT TILE/OF CERTIFIER 30. MANS AND ANOTHERS OF PERSON WHO	28a. DATE DF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY M At home, farm, street, fe	uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(e) end menner	Number or Rural Route Number, as stated, us to the cause(s) and menner so stated.
BE COMPLETED	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not determined 29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICI (Check only one)	28a. DATE DF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY M At home, farm, street, fe	uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(e) end menner	Number or Rural Route Number, as stated, us to the cause(s) and menner se stated.
BE COMPLETED	EXAMINER? 1 YES 2 ND 27. MANNER OP DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE AUT TILE/OF CERTIFIER 30. MANS AND ANOTHERS OF PERSON WHO	28a. DATE DF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY M At home, farm, street, fe	ursing Home 5 Residence 29c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(e) end menner	Number or Rural Route Number, as stated, us to the cause(s) and menner se stated.

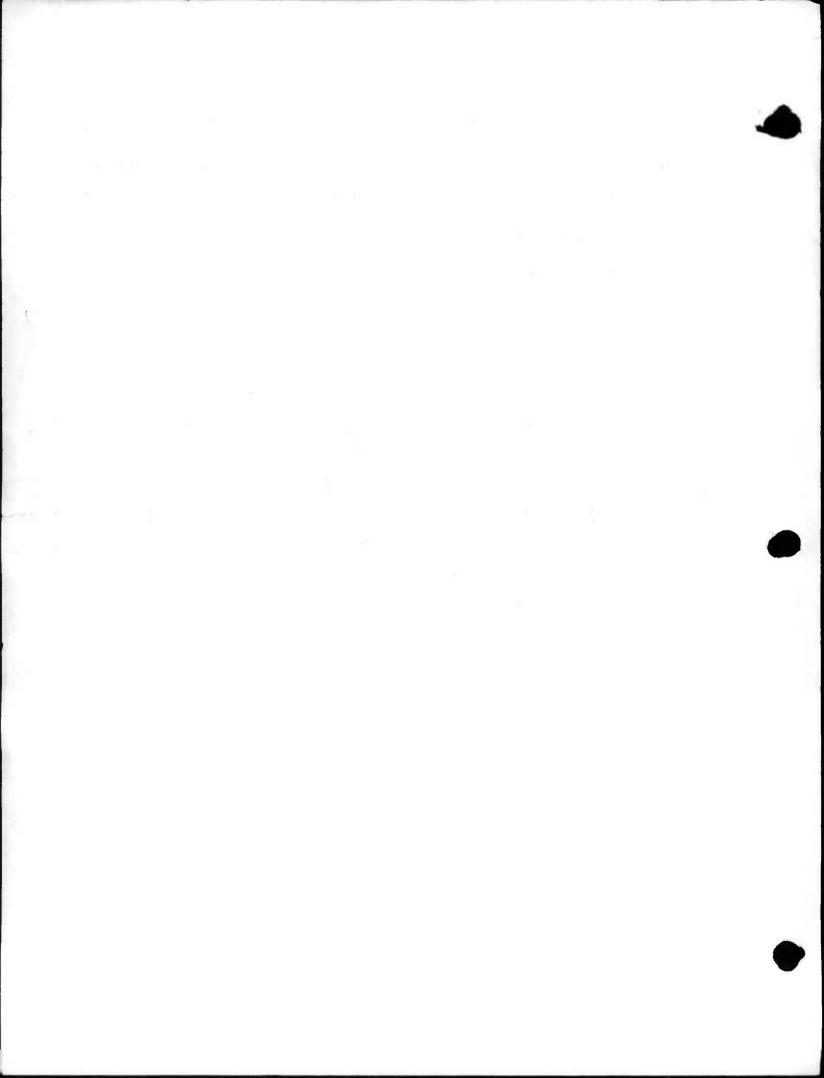


cours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MA			ICATE		EALTH AND M DEATH	IEN	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First,	Middle, Last)	јони н.	FULL	ER	z 1 (9	L V	/	2. D	ATE OF SEATH 204	90	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SÉCURITY NUMB 215-26-00		5. SEX €	. AGE (In yrs. le	" The second of the second of			7. DATE OF BIRTH 6. BIRTHPLACE (State (Marth, Day Year) Marylar Marylar			PLACE (State or Foreign		
ОВ	9a. FACILITY NAME (If not ins Washingtor	n Cou		ital				erstown	ATH			shi	eath ngton
DIRECTOR	nesidence of dec 100. STATE Maryland	10b. COUNTY	hington		y, town or i						10d. INSIDE CITY LIMITS? 14 YES 2 NO		
FUNERAL (100. STREET AND NUMBER 319-B Nort			t.			101.	ZIP CODE 2174(0 10g. CITIZEN OF US				WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 XWidowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 🔀	RMED NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.) Blac						E — American Indian, k, White, etc. #/:Black	
COMPLETED		EDENT'S EDUC highest grade		16e. D	ECEDENT'S USUAL OCCUPATION 3he kind of work done during most of working a. Do NOT use retired.) Laborer			N st of working	166, KIND OF BUSINESS/INDUST				
OME	17. FATHER'S NAME (First, M	iddle, Last)			Пах	OLCI		16. MOTHER'S NAM	AE (FI				
BE C	Henry T. I	ulle	r					Mary	J	ackson			
TO E	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frances E. Moten (Daughter) 314-A Lincoln Ave., Rockville, MD 20850												
	20a. METHOD OF DISPOSITION Burlat 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem (Specify)		20b. PLACE	of dispo	Parl	< (cemetery, cremetory or Cemetery		Roo	ckvi		own, State , MD
	21. SUSTINIVE OF FUNERA	L SERVICE LIC	. Ju	md	_	Sno Roo	OWC 2kz	den Fune ville, N	er er MD	al Home 20850	e, P	.A.	
	IMMEDIATE CAUSE (Fir disease or condition	east fellure.	perplications that	ceused the de on each lin	le.	Arre	s t	de of dying, such	05	cerdiec or reepi	retory ar	rest,	Approximate intervel Between Onset end Death
NO	e. DUE TO (OR AS A CONSEQUENCE OF): HYPOXIA, Pneumonia, Shock But to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leeding to imme- ceuse. Enter UNDERLY! CAUSE (Diseese or inju- thet initiated events	ing iry	Liver	Cirr OR AS A CONS	hosi	S G	ast	ro-inte	5 6	tinal/	leg	dîn	97
SERI	resulting in deeth) LAS	' L	d								_		
¥F	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE OCATH? 1 YES 2 NO												
PHYSICIAN: MEDIC	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:			OTHER:	51/11	ACE OF OEATH (Che		A Deep Contract			
HYS	1 YES 2 NO 27. MANNER OF DEATH		1 Inpatient 2 I	NJURY	28b, TH	WE OF 2	Bc. INJ	URY AT	_	Other (Specify) DESCRIBE HOW I	NJURY O	CCURED	
B	2 Accident 3 Suicide 6	Pending investigation Could not be datermined	26e. PLACE OF			INJURY WORK? 1 YES 2 NO ome, farm, street, factory, office			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,
COMPLETED	29e. CERTIFIER (Check only	FIFYING PHYS	ICIAN: To the best of r										(a) and manner as stated.
BE	296. SIGNATURE AND TITLE		A		wi)	——————————————————————————————————————	nion, c	29c. LICENSE NUM		7	,		D (Month, Day, Year)
9	TI			V		-		101		/	,	1/12	1)0

31. DATE FILED (Morith, Day, Year)
JUN 1 8 90

32. REGISTRAR'S SIGNATURE
Julia Davidson Randole.



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

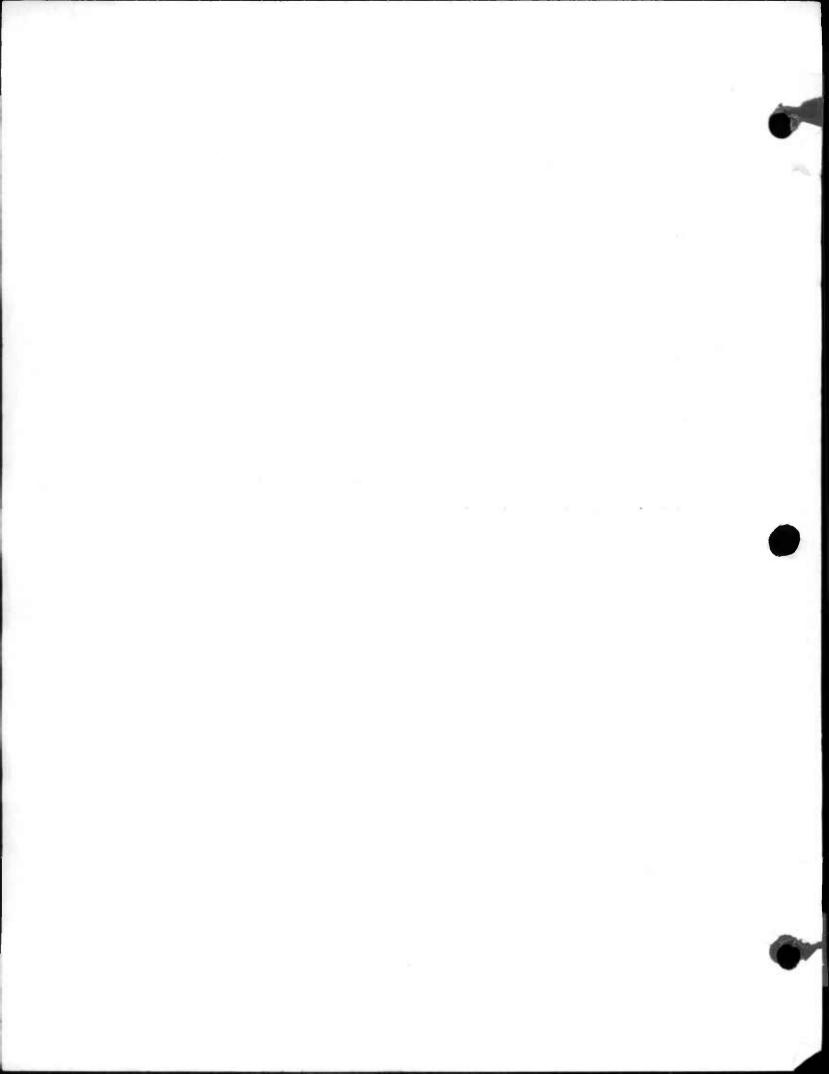
31. DATE FILED (MONTH), Day, 1

ITEMS:23 thru 28f per ME G-665 7-17-90 cm

90 18322

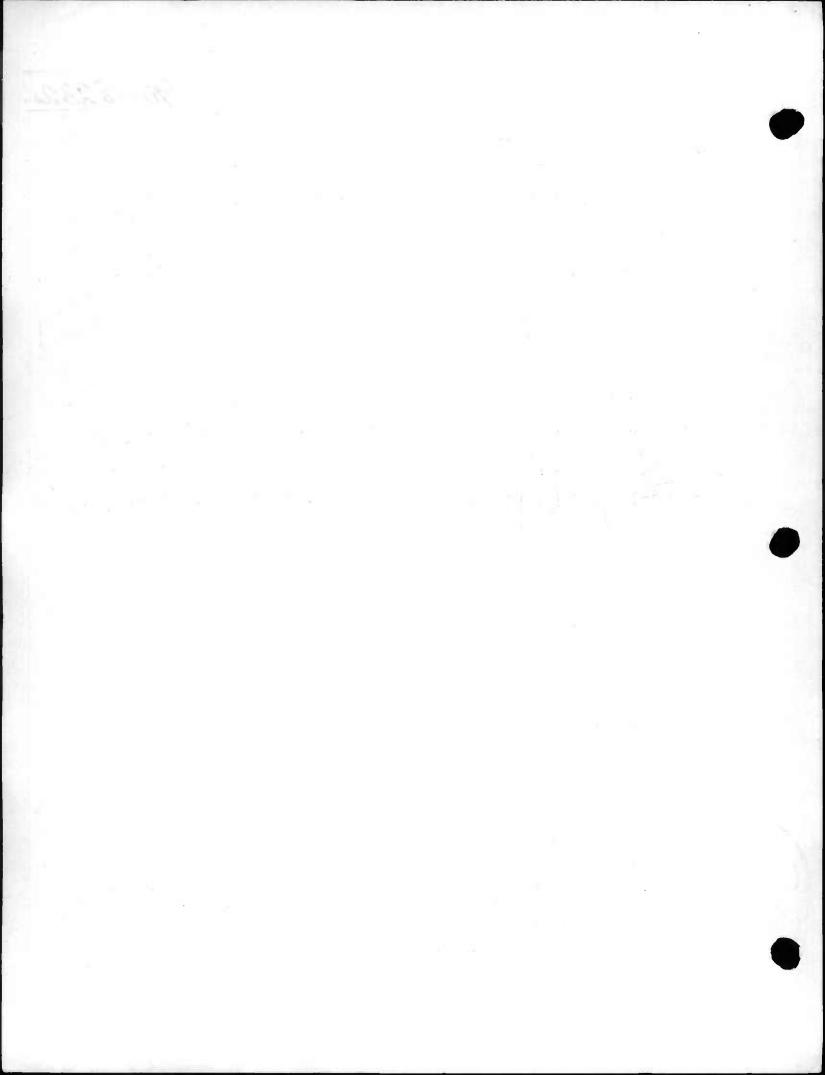
FOR 1 STATE		STATE OF I	MARYL							MEN	TAL HYGIEN					
REGISTRAR	A 81 d 81 - 1 AL			CE	RHF	ICAI	E OI	DEA	IH		REG. NO			3. TIME OF D	EATH	_
1. DECEDENT'S NAME (First						C	++~	J.	r.	M	ONTH D	YAY	90		P	
Timoth		5. SEX	A AGE	(In yrs. les	hirthday)		tto1		R 24 HRS.	7.0	ATE OF BIRTH	.3		3:18	_	-
578-94-2		1. □XM 2 □ F	1		YRS.	MONTHS	_	HOURS	MIN.	- 0	wonth, Day, Year)	1071	Count	try)		
9a. FACILITY NAME (If not it					,,,,,,	ob CIT	V TOWN	OR LOCAT	TON OF D	_	uryrr,	-	NTY OF E	rylan	α	_
							.,									
8812 L		Drive					SII	ver S	prir	<u>ig</u>		I	Mont	gomery		_
10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE	CITY	
Maryland	Mont	gomery			S	ilv	er	Spr	ing					1 YES 2	□ NO	
10e. STREET AND NUMBER							1	IOI. ZIP COI	DE			10g. CIT	IZEN OF	WHAT COUNTR	Υ?	
8810 L	anier	Drive	Ap	t #3	1			2089	91			lυ	.s.	Α.		
11. MARITAL STATUS		12. WAS DECEDE	NT EVER I	N U.S. AR	MED	13		ECENDENT	OF HISPA		RIGIN? (Specify Ya	a or No—	14. RAC	E — American	Indian,	
1 Never Married 2		FORCES? IF YES, GIVE			10			ES ZAN			arto Rican, atc.)		Spec	city:		
3 Widowed 4 Div														ack		
	CEDENT'S EDU ly highest grade			(G	CEDENT'S	work don	e during i	TION most of work	king		16b. KIND OF BU	SINESS/INI	DUSTRY			
Elamentary/Secondary		College (1-4 or 5	+)	1	Do NOT u						No	no				
12 Grade					Stud	ent		1 40 110	THERE M	4405 (5	irst, Middle, Meider			_		_
17. FATHER'S NAME (First, I		Sutton							Joyc		_	Sumame)				
19a, INFORMANT'S NAME		Duccon		1 40	- 44 A H /M/	A A D D D D	ee /Day		-4	_	Dyson Number, City or Tov	um Chata 7	in Code)			
Miss Joyce		on (Moth	0 70 1	19							20000			#208	91	
20a, METHOD OF DISPOSI		OII (MO CII		DI ACE				cemetery, cn			Siver	CATION -		IVIQ		
1 X Buriel 2 Cremet 4 Desetion 5 Other	on 3 🗆 Ran	noval from Stata	_ 20	Ash"	Mem	ori	al	Ceme	eter	У					Md	
21 SIGNATURE OF FUNER	AL SERVICE L	CENSER		1		2:		AND ADDR				~ ·	D -			
1	st l	. I has	لي	der		_	240 Snc	N.	was	n1	ngton :	St,	KOC	KVIII	e, n	10
23. PART I. Enter the	diseases, pr	complications th	st cause	d the de	esth. Do										ximste	
		(Liet only one ca	use Dn	esch line	9.										and De	
iMMEDIATE CAUSE (F disesse or condition_	inei	SHOTGUN WOUND OF HEAD														
resulting in death)		0			OUENCE [1		
														ļ		
Sequentisily list cond if any, leading to imm		DUE T	O (OR AS	A CONSE	OUENCE C	OF):										
cause, Enter UNDERL' CAUSE (Disease or in	YING	c														
that initiated events		DUE TO (OR AS A CONSEQUENCE OF):														
resulting in death) LA	ST	d														_
PART ii. Other signific	ant condition	ns contributing t	D death	but not	resulting	in the	underiv	ring cause	a given i	n Pari	1. 24s. WAS A	N AUTOPSY	24	4b. WERE AUTOR	SY FINDIN	GS
											PERFO	RMED?		AVAILABLE P		Ē
											1 X YES	2 NO		OF DEATH?	Пис	
<u> </u>											.			1 TYES	_ NO	
25. WAS CASE REFERRED	TO MEDICAL						26	PLACE OF	DEATH //	Chank r	natu one)					
EXAMINER?	TO MEDICAL	HOSPITAL:		rawar.		ОТН	ER:								-	_
1 X YES 2 NO		1 Inpetient 2			28b. Ti		_	INJURY AT		-	Other (Specify) d. DESCRIBE HOW	INJURY O	CCURED			_
	Pending	6-13-	Day Year)		10	LUP M		WORK?		1	INKNOWN					
2 Accident	investigation	26a PLACE								261	I. LOCATION (Stree	t and Numb	er or Rum	I Route Number		-
3 Suicide 6 4 Homicide	Could not be determined		g, etc. (Sp			, 41.341)				SI	City or Jown Stat LVER SP	RING,	MO	HER M	TRYE!	4N
29a. CERTIFIER 1 CE	RTIFYING PHY	SICIAN: To the best	of my kno	wiedze, d	eath occur	rred at th	e time.	lete and pla	ce, and d	ue to t	he cause(a) and m	enner as =	ated.			
(Check only — —		ER: On the beals of	-											e(a) and menne	r an stated	J.
29b. SIGNAPURE AND TIT				7		- 10%		-	JCENSE N					ED (Month, Day,		_
		XX						ZVC. L				250.00			, out /	
30. NAME AND ADDRESS	UE DEBSON IN	HO COMPLETED C	UISE OF T	DEATH //T	EM 277 /E-	na Deleti			OCN	IL.			ρ/1	.4/90		_
2 0						ve, rnnt)		111	Der		L D. 1	4	MD			
Ann M. Di	xon, M	.D De	puty	Cn1	eI			TTT	renr	1 5	t. Bal	to.	MD	SS		

32. AGGISTRAR'S SIGNATURE
Julia Davidson Agnotore



90	-/	18	3.	23	3
		-			

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIEN REG. NO.	90	-18323					
	1. DECEDENT'S NAME (First, Middle, Lest) THOMAS ALBERT FORD Sr	2. DATE OF DEATH MONTH JUNE 1	19	3. TIME OF DEATH 1:19 P M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 VAR	7. DATE OF BIRTH (Month, Day, Year)	((BIRTHPLACE (State or Foreign Country)					
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF D	June 11,1	929 0	Ohio of DEATH					
TOR	Malcom Grow Medical Center Camp Springs		Prince	e Georges					
DIRECTOR	Maryland Prince George Suitland			10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
FUNERAL	10s. STREET AND NUMBER 10f. ZIP CODE			OF WHAT COUNTRY?					
NEF	4795 Huron Ave. 20746			S.A.					
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WITH OR DATES 1956 - 1972	en, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	16b. KIND OF BUS	SINESS/INDUST						
APL	Elementary/Secondary (0-12) College (1-4 or 5+) Sales clerk	Retail	l sales	S					
CON		AME (First, Middle, Maiden							
BE	James R. Ford Mabel 190. INFORMANT'S NAME (Typo-Print) 190. MAILING ADDRESS (Street and Number or Rural	Ruth							
2	Thomas A. Ford Jr. 19b. Mailing Address (Street and Number or Rural 3830 Regency Pkwy. #2								
	20s. METHOD OF DISPOSITION			or Town, State					
	1 Burtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cedar Hill Crematory	Sui	tland.	MD					
	21. SIGNATURE OF FUNERAL SERVICE LIGENIEE 22. NAME AND ADDRESS OF FA	ACILITY	4308 5	Suitland Rd. and, MD. 20746					
	23. PART I. Enter the diseases, or complicet ons that ceused the desth. Do not enter the mode of dying, such abook, or leart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) UPPER GASTROINTESTINAL BLEED Due TO (OR AS A CONSEQUENCE OF):	ch es cerdiec or reapi	ratory arrest	Approximate Interval Between Onset end Deeth					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO					
AN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (C	test est est							
SICI	EXAMINER? 1 VES 2 XNO HOSPITAL: 1 IN Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence								
ЭНХ	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT MARKET DRV. Very MARKET WARRY	28d. DESCRIBE HOW I	NJURY OCCUR	RED					
ВУ	1 Netural 8 Pending 2 Accident Investigation M 1 YES 2 NO								
	3 Suicide S Could not be determined S Could not be determined See. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) See. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and during one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the								
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)					
TO B	CHENDY		JUN	NE 17, 1990					
		GROW USAF N							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ANDREWS	AFB, MD 203	331-530	00					
	111 25 90 24 Miles 25 MILES								



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quires that the	n signed by th	OWS ANY IN
v requires that the	been signed by the	shows any in
e law requires that the	has been signed by the	23 shows any in
The law requires that the	ate has been signed by the	tem 23 shows any in
IAN: The law requires that the	tificate has been signed by the	or Item 23 shows any in
SICIAN: The law requires that the	certificate has been signed by the	I, or item 23 shows any in
HYSICIAN: The law requires that the	his certificate has been signed by the	with the State Dept. of Health and ked, or Item 23 shows any in
G PHYSICIAN: The law requires that the	er this certificate has been signed by the	no with the State Dept. of Realth and realth and rarked, or Item 23 shows any in
DING PHYSICIAN: The law requires that the	After this certificate has been signed by the	death with the State Dept. of Health and s marked, or Item 23 shows any in
FENDING PHYSICIAN: The law requires that the	OR: After this certificate has been signed by the	iter deam with the State Dept. of realth and a is marked, or Item 23 shows any in
ATTENDING PHYSICIAN: The law requires that the	ECTOR: After this certificate has been signed by the	s after death with the State Dept. Of Health and 1. 28 is marked, or Item 23 shows any in
OR ATTENDING PHYSICIAN: The law requires that the	DIRECTOR: After this certificate has been signed by the	tem 28 is marked, or item 23 shows any in
AL OR ATTENDING PHYSICIAN: The law requires that the	AL DIRECTOR: After this certificate has been signed by the	72 hours after death with the State Dept. of health and relief them 28 is marked, or Item 23 shows any inj
SPITAL OR ATTENDING PHYSICIAN: The law requires that the	VERAL DIRECTOR: After this certificate has been signed by the	nin 72 hours after death with the State Lept., of health and P 4T: If Item 28 is marked, or Item 23 shows any inj
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	FUNERAL DIRECTOR: After this certificate has been signed by the	within 72 hours after death with the State Lept., of health and it IANT: If Item 28 is marked, or Item 23 shows any inj
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	HE FUNERAL DIRECTOR: After this certificate has been signed by the	ed within 72 hours after death with the State Dept, of health and A ORTANT: If Item 28 is marked, or Item 23 shows any inj
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-mours after death. Page 6 may be required by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 should be a	be filed within 72 hours after death with the State Dept, of Realth and Mental hydrent build, or build, or build, or build, the medical examiner must be notified at a IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTME	NT OF HEALTH AND MENTAL I	HYGIENE
CERTIFICAT	TE OF DEATH	REG. NO.

•	1 - STATE REGISTRAR	SIAIE UF	MARTLAND /	ERTIF	ICATI	E OF	DEAT	AND N	MEN IAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			71.1					2. DATE OF DEATH			WEAR	3. TIME OF DEATH
- 1	Allen	В.	B. Fisher				6-8-9(3 – 90 ٌ	O DAY YEAR		10:00AM M
ì	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthdey)	IF UNDER		IF UNDER		7. DATE O				IPLACE (State or Foreign
	214 26 1236	26 1236 ₩□м²□ғ			MONTHS	DAYS	HOURS	MIN.	June	Day, Year)	1930	laryland	
	9e. FACILITY NAME (If not institution, give	street end number)	1		9b. CITY	r, TOWN C	R LOCATIO	ON OF DE		- ,		NTY OF D	-
æ	St. Agnes Hospi	tal				Balt	imor	e Ci	.ty		1		
DIRECTOR	RESIDENCE OF DECEDENT												
8	10a. STATE 10b. COUN				Y, TOWN								10d. INSIDE CITY LIMITS?
٥		timore			Balt								1 YES 2X NO
FUNERAL	100. STREET AND NUMBER 4803 Hawksbury	Road				101	2120					J.S.A	WHAT COUNTRY?
5	11. MARITAL STATUS		NT EVER IN U.S. AR 1 √ YES 2 □ N							(Specify Ye	a or No—	14. RACI	E — American Indian, k, White, atc.
B	1 Never Merried 2 Married 3 Widowed 4 Divorced		YES 2 N	40		1 YES	2 NO	Specify	n, Puerto Ri	can, etc.)		Spec	
요	15. DECEDENT'S ED (Specify only highest gred		18e. DE	CEDENT'S	USUAL C	CCUPATIO	ON and and a		16b.	KIND OF BU	SINESS/IN		
ᆿ	Elementary/Secondary (0-12)	College (1-4 or 5	i+) ille.	(Give kind of work done during most of working life. Do NOT use retired.)							en service		
뒢		2 vear	s Se	Solf amployed						Pro	fess	iona	l Medical
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) Allen B.	L. Fisher	c							iddle, Melder inewe			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street	nd Number	or Rural F	Route Numbe	r, City or Tow	vn, State, Z	ip Code)	•
٤	Timothy G. Mora	n			1231	L Cii	ccle	Driv	те ва.	Ito.	Md.	21.22	/
	20s. METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	movel from State	20b. PLACE other pl	lace)							cation -		
	21, SIGNATURE OF FUNERAL SERVICE L	_ LO	Loudon Park Cemete					CILITY					
	Darry H.	Witske								eral ike e			
	23. PART I. Entar the diseases, or			ath. Do									Approximete
	shock, or heart fallure							5					Intarval Between Onset and Death
	IMMEDIATE CAUSE (Finei disease pr condition	7 204 0 20 5	analawa.	lerotic cardiovascular disease						_			Onset and Seath
ŀ	reaulting in death)		O (OR AS A CONSE			LOVas	Cura	u uı	sease	<i>-</i>			
_	see to forther a sometouring of J.												
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
¥	if any, leading to immediate cause. Entar UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events	OUE T	O (OR AS A CONSE	QUENCE (OF):								
ᇤ	resulting in death) LAST	d.											
2	PART II. Other significant condition	ane contribution t	o death but not	ee e ultie e	In this o	adedula		aluma la	Dort I	24a. WAS AI	u Allmoney		b. WERE AUTOPSY FINDINGS
CAL	PART II. Other significant condition	ons contributing i	to death but not	resutting	in tha u	indariyin	g cause	given in	Part I.		RMED?	24	AVAILABLE PRIOR TO COMPLETION DF CAUSE
ă				•					:	YES	2 🗌 NO		DF DEATH?
M									— 1				ZES 2 NO
ä		<u> </u>											
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			eck only one				
ΥS	27. MANNER OF DEATH		ER/Outpatient		1.			esidence	8 Other	(Specify) CRIBE HOW	IN HIEW O	OCUPED	
	XXXIIIIIII 5 Pending	28e. DATE ((Month,	Day, Year)	28b. TI	JURY	W	JURY AT DRK? YES 2	7 440	28G. DES	CHIBE HOW	INJUNT O	CCUMED	
B	2 Accident Investigation		OF IN HIRW AA I.	4mm				_ NO	004 1 004	TION /Stee of	and Mumb	as as Own	Starte Mumber
COMPLETED	3 Suicide 8 Could not b 4 Homicide determined		OF INJURY — At he g, etc. (Specify)	ome, ram	, street, ra	ctory, orm			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
7	29st. CERTIFIER 1 CERTIFYING PHY	YSICIAN: To the bast	of my knowledge, d	eath occu	rred at the	time, date	end place	e, end due	to the cau	se(e) end ma	enner as si	lated.	
M	cost)	NER: On the basis of	examination end/or	Investigat	lon, In my	opinion,	death occu	red at the	time, date	and place, a	and due to	the ceuse	(e) end manner ee stated.
	296/SIGNATURE AND LITLE OF CERTIF	TER					29c. LIC	ENSE NUI	MBER		29d. D/	ATE SIGNE	D (Month, Day, Year)
出	Dan-							ME	357			5-8-9	
임	30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CA	AUSE OF DEATH (ITE	EM 27) (Tvs	oe, Print)								
	James Kaplan,M	D	111	l Per	nn St		.Bal	timo	ore,M	212	01		VC
	JUN 1 2 '9	PURE SIGNATURE	is signaruse the Dandell										

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

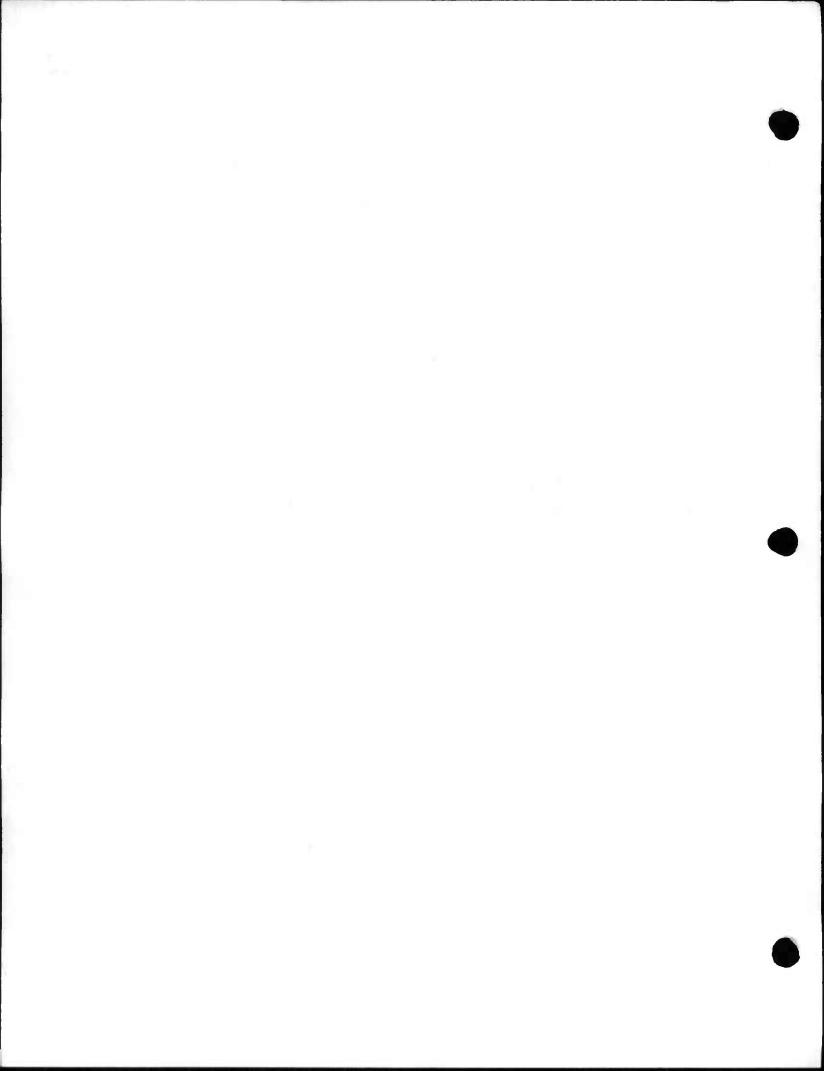
REGISTRAR			CEF	RTIFIC	ATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Mide	die, Last)						2. OATE OF	F DEATH DAY	YEAR	3. TIME OF DEATH		
PHYLLIS B .	FRA	INCIS		7	25mas		JUY		000	1 2 2 2		
4. SOCIAL SECURITY NUMBER			E (In yrs. last bli	rthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIR	THPLACE (State or Foreign		
217-28-27	91	1 🗆 M 2 💢 F		YRS. MO	NTHS DAYS	HOURS MIN.	3-20	- 1912		rginia		
9e. FACILITY NAME (If not institute				9t	. CITY, TOWN O	R LOCATION OF OR	ATH	1	9c. COUNTY OF	DEATH		
PENINSULA GEN		HOSPITAL			SALIS	BBURY, M	ARYLAI	ND	WIC	OMICO		
	. COUNTY		F	IOc. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY		
Maryland	Wicc	omico		Frui	itland					1 X YES 2 NO		
10a. STREET AND NUMBER					10f.	ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?		
406 Hayward	Αve	3.				21826			US	Α		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO	D	If yes, spe	ENDENT OF HISPAN cify Cuban, Mexica 2 X NO Specify	n, Puerto Ric			14. RACE — American Indian, Black, White, etc. Specify: White		
15, DECEDE	NT'S EDUC	ATION	18e. DECE	DENT'S US	UAL OCCUPATION	N	16b. 10	IND OF BUSIN	I IESS/INDUSTRY	***************************************		
(Specify only high		completed)	(Give	kind of work	done during mo etired.)	at of working	10011					
Elementary/Secondery (0-12)		College (1-4 or 5+)	Prac	tica	al Nur	se	s	tate	Hospi	tal		
17. FATHER'S NAME (First, Middle,	Last)					18. MOTHER'S NA						
	wder	1				Ada .	Jeste	r				
19e, INFORMANT'S NAME (Type/F			19b. N	AILING AD	ORESS (Street a	nd Number or Rural I			State, Zip Code)			
Stephen Fra		3			ne as							
			Ob. PLACE OF	DISPOSITI				20c. LOCA	TION — City or	Town, State		
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Spring Hill Memory Gdns. 20c. LOCATION – City or Town, State 4 Donation 5 Other (Specify) Hill Memory Gdns.												
21. SIGNATURE OF FUNERAL SE	RVICE LICE	ENSEE	0		22. NAME AN	D ADDRESS OF FA	CILITY					
Duala	/ (/	Pour	de		Boun	ds Fune	eral	Home.	Sali	sbury, Md.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immedist cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR A	S A CONSEQUE			1				Sy		
Tosulaing in dealin, End i	d	1										
PART II. Other significant of	conditions	s contributing to dasti	but not res	ulting in t	the underlying	g csuse givan in		24a. WAS AN AL PERFORM 1 YES 2	ED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MI	EDICAL	HOSPITAL:		Ι-		ACE OF DEATH (Ch	eck only one)					
1 YES 2 NO		1 1 Inputient 2 □ ER/C	utpatient 3		THER:	e 5 🗆 Residence	8 🗆 Other ((Specify)				
27. MANNER OF OEATH 1 Netural 5 Pens	ding atigation	28a. DATE OF INJUF (Month, Day, Yea		28b. TIME C	Y WO	URY AT RK? (ES 2 NO	28d. DESC	RIBE HOW INJ	JURY OCCURED			
3 Suicide 8 Cou		28e. PLACE OF INJU building, atc. (S	IRY — At home pecify)	, farm, stre	et, factory, offic	•		TION (Street end Town, State)	d Number or Run	al Route Number,		
(Crisck Unity	. EXAMINE					eath occured at the	time, date e	end place, end	due to the ceue	e(e) and manner se stated,		
110		/ -				DISO	89		▶ /6	ED (Month, Day, Year)		
30. NAME AND ADDRESS OF PE	-Jones	O COMPLETED CAUSE OF	DEATH (ITEM :		int)	Dive C	atrib	2000	m c.V			
31. DATE FILED (Month, Day, Year,)	32. REGISTRAR'S S	CHATURE	4		71/46		9	N. Co.			

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within to the flow after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

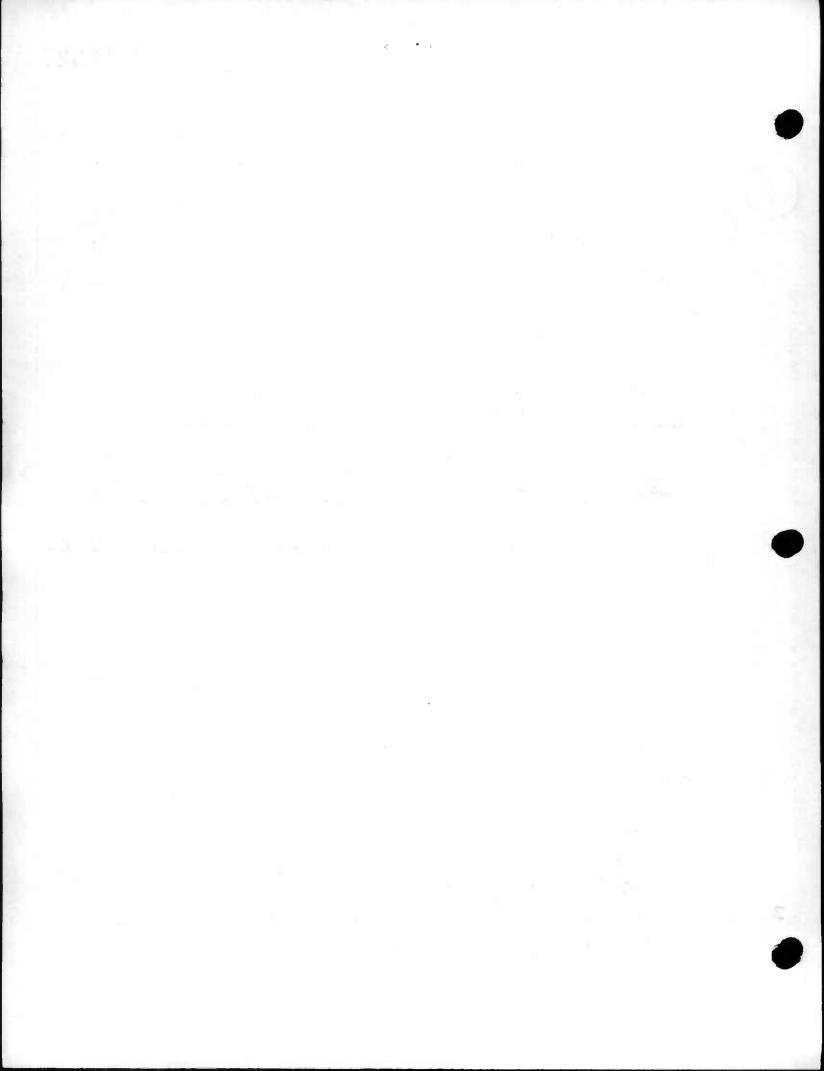
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a steer death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P. he find within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burlal, cremation, or removal.	inspersant. It is an object on the 12 shows any later trainflic event the medical examiner must be neitified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by filed within 72 hours after death with the State Deut, of Health	IMPOUTABLY, is form 20 for marked or flow 23 chave an

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C		w.		IME OF DEATH	
i.	Ruth	Ann	Faulk	ner	монтн	2	0 90	AR 1	2:45 pм	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	8. E	OUNTRY)	E (State or Foreign	
217-44-1344	1 M 2 X F	53 yrs.	DAYS DAYS	HOURS MIN.		08 37	1 -		ıcky	
9a. FACILITY NAME (If not institution, give s	street and number)	91	b. CITY, TOWN O	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH		
Memorial Hos	spital		Eas	ton			Tal	bot		
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	100 CITY 3	TOWN OR LOCAT	ION				104	INSIDE CITY	
				ION					LIMITS? YES 2 X NO	
Maryland Ta	lbot	Eas	ton	ZIP CODE			10a. CITIZEN			
Route 4, Box 639 21601 U.S.A.										
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN?	(Specify Yee o			merican Indien, Ite, etc.	
1 Never Merried 2 Merried	FORCES? 1 YES	S 2 NO	If yes, sp	25 NO Specify	n, Puerto Ri			Black, Whi Specify:	He, etc.	
3 Wildowed 4 Divorced				200					ite	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	k done durina mo	ON st of working	16b.	KIND OF BUSI	NESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	retired.)							
10		homem	aker	11-7						
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			umame)			
Dewey Walker	Smith			Viola						
19e. INFORMANT'S NAME (Type/Print)	1		STILL CLASSE	nd Number or Rural F						
James M. Smit				374, St	. M1					
20c. METHOD OF DISPOSITION 6/22/90 1 Commetted 2 Cremetter 3 Removal from State 4 Donatton 5 Dother (Specify) 20c. LOCATION — City or Town, State Spring Hill Cemetery Easton, Maryland										
4 Donation 5 Dother (Specify) Spring Hill Cemetery Easton, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Newnam Funeral Home										
Easton, Maryland										
23. PART i. Enter the diseases, or shock, or heart feilure.	complications that cause on List only one cause on	ed the death. Do not each line.	t entar the mo	de of dying, suc	h es cerd	iec or respin	etory errest	.	Approximate Intervai Between	
IMMEDIATE CAUSE (Finei	11 4	, ,	10						Onset and Death	
disease or condition resulting in death)	. Heralic	· Tailu	NE						NOUVE	
	DUE TO (OR AS	S A CONSEQUENCE OF):						1		
Sequentially list conditions,	b	S A CONSEQUENCE OF):								
If sny, leeding to immediate ceuse. Enter UNDERLYING	DOE TO (ON A	S A CONSECUENCE OF).						į	1.5	
CAUSE (Diseese or injury that initiated events	C DUE TO (OR AS	S A CONSEQUENCE OF):								
resulting in death) LAST	ū									
	0.									
PART ii. Other significant condition	ns contributing to death	but not resulting in	the underlyin	g ceuse given in	Part i.	24a. WAS AN / PERFORI		AVA	RE AUTOPSY FINOINGS ILABLE PRIOR TO	
Sensis						1 YES 2	□ NO		MPLETION OF CAUSE DEATH?	
					_			1 [YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only on	9)				
1 TYES 2 NO	1 Nnpetient 2 ER/O			ne 5 🗆 Reeldence		(Specify) CRIBE HOW IN		50		
1 Natural 5 Pending	28e. DATE OF INJUF (Month, Day, Yea	r) 28b. TIME	RY WO	JURY AT DRK? YES 2 NO	280, UES	CHIBE HOW IN	JUNY OCCUR	EU		
2 Accident Investigation		IDV At home form str			201 1.00	ATION /Ctmat a	nd Number of	Dural Doub	Number	
3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 5 Could not be 4 Homicide determined determined									
DO CEPTIFIED										
29s. CERTIFIEN 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) and manner as stated. (Check only On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated.										
2 MEDICAL EXAMINED IN The basis of examination eng/or investigation, in my opinion, death occursed at the time, date end piece, and due to the course(e) end married										
286. LICENSE NUMBER 286. DATE SIGNED (Mond. Day). Harr)										
3d/MAME AND ADDRESS OF PERSION WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)										
	nfield, M.			10 Tam	O 173	20+0-	MD	216	0.1	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	IGNATURE		n's Lane	e, E	ascon	MD	216	O T	
31. DATE FILED (MORRI, Day, Yelli)		Side Broke								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with	DIRECTING: After this certificate has been signed by the attending physician and completely filled in by
3	EN	B
100	A	1
=	8	PIE
	_	-

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last)				2.	2. DATE OF DEATH 3. TIME OF DEATH					
1	MARION	TRIPPE F	ERGUSON		1 .	June 14.	1990 YEAR	7:45 P. M			
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (UNDER 24 HRS. 7.	DATE OF BIRTH	8. BIR	THPLACE (State or Foreign			
	213-38-9012	□ M 2 X F 10	1 YRS.	ITHS DAYS HO	URS MIN,	(Month, Day, Year) Jan. 9, 1	1889 Maryland				
_	9a. FACILITY NAME (If not institution, give street	SILITY NAME (If not institution, give street and number) 9b. CITY, TO					9c. COUNTY OF	DEATH			
0 P	Meridian - The	Meridian - The Pines					Talbot				
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY				
PHO	Maryland Talbot		Rov	al Oak				LIMITS?			
FUNERAL DIRECTOR	10e. STREET AND NUMBER			101. ZIP	CODE		10g. CITIZEN OF	WHAT COUNTRY?			
EB				216	62		U.S	.A.			
5	11. MARITAL STATUS 12. 1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES			ENT OF HISPANIC C	ORIGIN? (Specify Year	or No- 14. RA Bis	CE — American Indian, sck, White, atc.			
ВУ	3 Wildowed 4 Divorced	ATES A	1 - YES 2 %	NO Specify:		Sp	white				
	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S USU	IAL OCCUPATION		16b. KIND OF BUSI	NESS/INDUSTRY				
	Elementary/Secondary (U-12) College (1-6 or 5 ±)			done during most of tired.)	working	Home					
MPL	Housewife I										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18.		(First, Middle, Maiden S	iumame)				
BE						eonard					
2	19a. INFORMANT'S NAME (Type/Print)							21662			
	Marion F, Shannahan P.O. Box 730 St, Michaels, Maryland 21663 20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of commetter), cremetory or 20s. LOCATION — City or Town, State										
	1 Sourial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place)			-11	-	ryland 21601			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	I Stension E		//			nard Fune					
	23. PART i. Enter the diseeses, or com-	plicatione that cause						Maryland Approximate			
	shock, or heart fellure. List							interval Between Onset and Death			
	disease or condition Mana To 1 March 10 10 10 10 10 10 10 10 10 10 10 10 10										
	resulting in death) e. DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions, b. DUE TO (OR AS A COMPROVIENCE OF).										
AT I	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
5	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):					<u> </u>			
CERTIFICATION	resulting in deeth) LAST										
	PART II Other elgelficent conditions of	ontributing to death t	uit not engulsing in th	ha wadadidaa a	was abuse in Dec		urmanay La	AL MERC ALTRODOV FRONCE			
N N	PART II. Other significent conditions co	ontributing to deeth b	out not resulting in ti	ne underlying ci	iuse given in Par	PERFORI		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE			
PHYSICIAN: MEDIC						1 TYES 2	NO	OF DEATH?			
Σ						-		1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE	OF OEATH (Check	only one)					
SIC		OSPITAL:		THER:	☐ Realdenca 6 ☐						
Ή	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJURY	AT 28	d. DESCRIBE HOW IN	JURY OCCURED				
BYF	Natural 5 Pending Accident Investigation	(mana, any, rour)			2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	 At home, farm, atree city) 	et, factory, office	26	Sf. LOCATION (Street at City or Town, State)	nd Number or Run	al Route Number,			
COMPLETED											
AP	one)	N: To the best of my know									
ő	2 MEDICAL EXAMINER: C	In the beals of axamination	on and/or investigation, is	n my opinion, death	occured at the tim	a, data and place, and	dua to the caus	e(a) and manner as stated.			
BE (29b. SIGNATURE AND TUTLE OF CERTIFIER	0 (2	29	C. LICENSE NUMBE	225	29d. DATE SIGN	IED (Month, Day, Year)			
70	30. NAME AND ADDRESS OF PERSON WHO CO	one	20	-	001	3	9	12-10			
					E- 4	. N/ 1	- 1 00	001			
	Stephen P. Car 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	ns Lane	Lastor	n, Marylai	na 21	601			
	JUN 19 '90	gretia Sheir	don-Mandella								

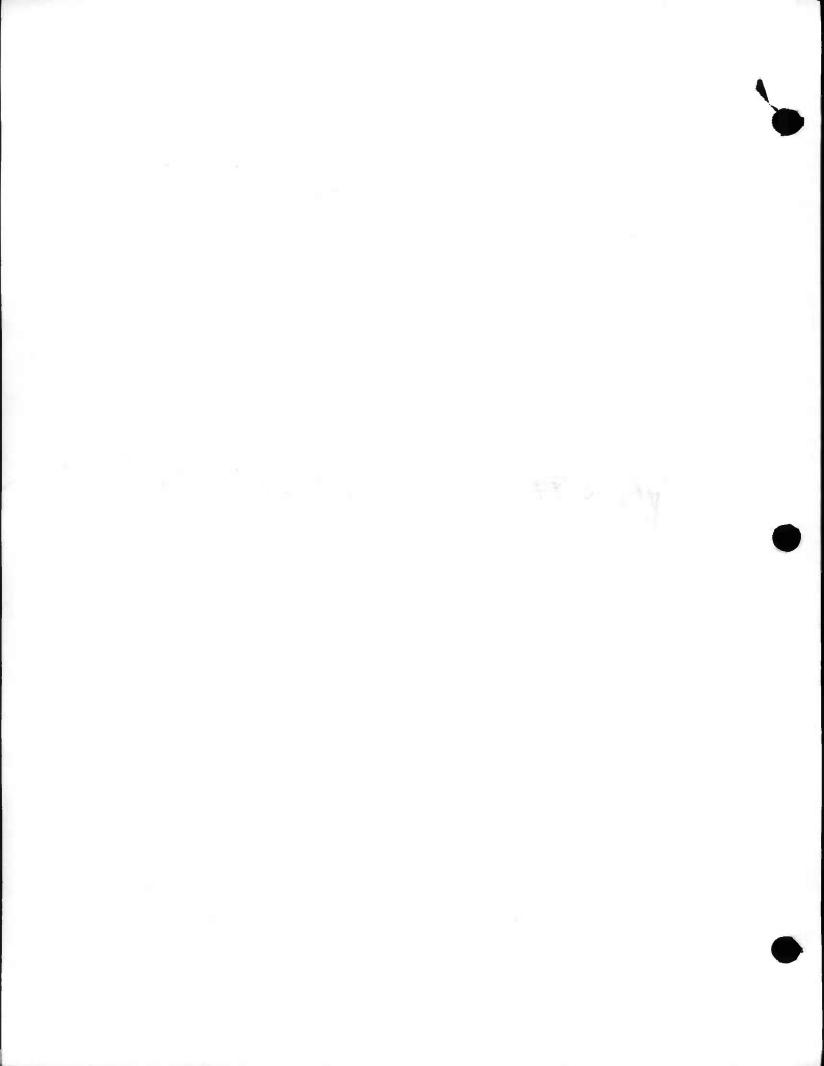


IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

1		FOR STATE REGISTR	ΑĦ
Į.	1. D	ECEDENT'S	NA

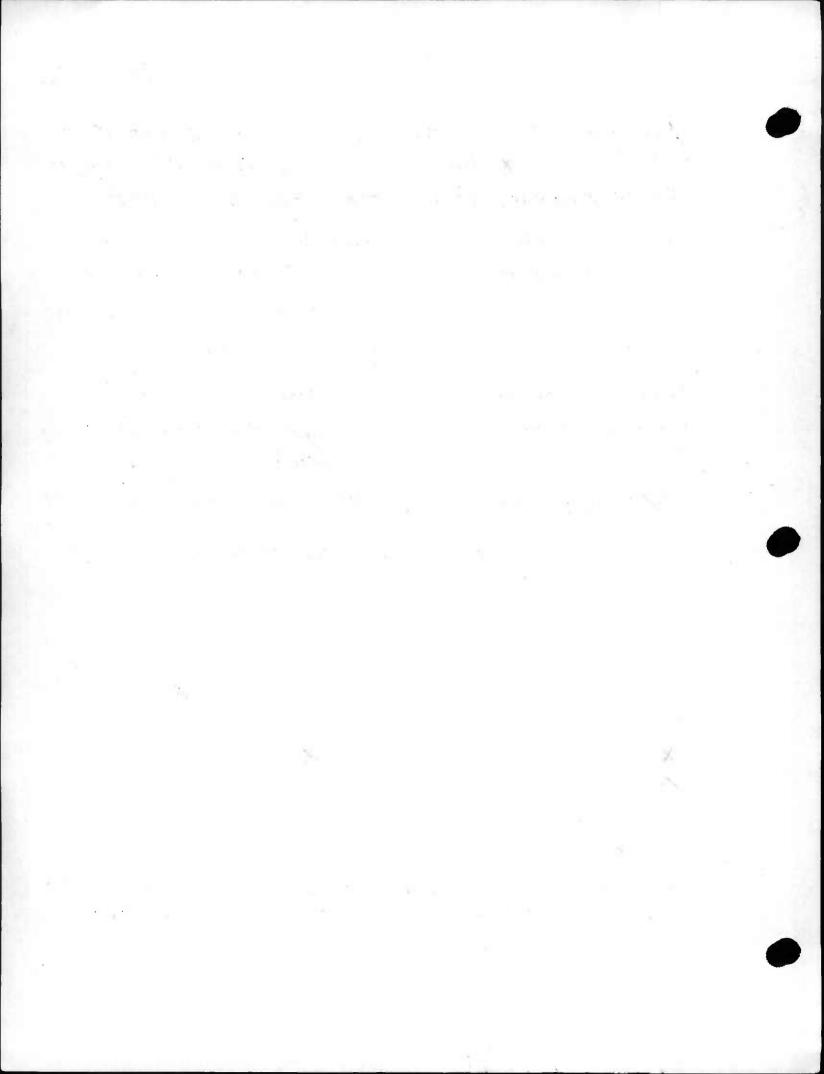
	1 - STATE REGISTRAR	SIAIE UF			ICATE				VIENIAL	REG. NO							
	1. DECEDENT'S NAME (First, Middle, L.	est)							2. DATE OF	DEATH			3. TIME OF DEA	тн			
	Irene Printz Goodroe						June	12,	1990	YEAR	7:30	Ам					
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	t birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		8. BIRTH	PLACE (State or F	oreign			
	291 28 7362	1 🗌 M 2 🛂 F	56	YRS.	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year Jan. 24					1934	Country) Ohio						
	9e. FACILITY NAME (If not institution, g	rive street and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH				
8		sbury Lane	2		Ge	rman	town	l			Мо	ntgo	mery				
5	RESIDENCE OF DECEDENT			100 017	Y, TOWN C	D L OCAT	ION						10d. INSIDE CIT				
DIRECTOR		ntgomery		1	rman							- 1	LIMITS?				
	10e. STREET AND NUMBER						ZIP COD	F			10a CIT	ZEN OF V	VHAT COUNTRY?	, NO			
FUNERAL	19317 St. Johnsbury Lane				20874						00		States				
3	11. MARITAL STATUS		NT EVER IN U.S. AR						IIC ORIGIN?		or No-	14. RACE	— American Ind	len,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced							Specify	n, Puarto Ric /:	an, etc.)		Speci					
	15. DECEDENT'S				USUAL O				16b. K	IND OF BU	SINESS/IND	DUSTRY					
ᆸ	(Specify only highest (Elamentary/Secondary (0-12)	College (1-4 or 5	life	ive kind of work done during most of working Do NOT use retired.)					Mor		ery (
릴		5		Te	achei	5				Pub	lic S	Schoo	ols				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Mid		Sumame)						
BE	Joseph Printz								Apony								
2	19a. INFORMANT'S NAME (Type/Print) Michael G. God	odroe							Route Number, Lane,				20874	1			
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify)	Ramoval from State	20b. PLACE other pla	ace)								FION — City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral							eral									
	· XXX S.	Film	\ мо	0689	H	ome/ venu	Rock e,Ro	vill	e, In	c. 30	00 We Land	st M 2085	ontgome 0-2805	ry			
	23. PART The diseasea,	or complications th	et ceused the de	ath. Do	not enter	the mo	de of dy	Ing, auc	h aa cardia	c or resp	iratory an	rest,	Approxin				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. Successful Cardiac Syndrome (Condition resulting in death)																
	rosulting in Godtil)	DUE T	O OR AS A CONSEC	DUENCE O	F): /		6		t								
Z	Sequentially list conditions, b. PUE TO (OR AS A CONSEQUENCE OF):																
CERTIFICATION	if sny, lesding to immediate cause. Enter UNDERLYING	ding to immediate															
5	CAUSE (Disease Dr Injury thet Initiated events	c	O (OR AS A CONSEC	QUENCE C	F): /								-				
E	resulting in death) LAST		fu per	160	ride	mi	9										
	\\											-					
PHYSICIAN: MEDICAL	PART II. Other eignificent cond	itions contributing t	D death but not r	eaulting	In the ur	nderlying	cause	given in	Part I. 2	PERFO		24b	WERE AUTOPSY I	OT F			
8						_			— ·	YES :	2 🏝 NO		COMPLETION OF OF DEATH?	CAUSE			
×													1 YES 2	NO			
Z.	ar was over personen to use lo						100.00										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			eck only one)								
¥	1 🔀 YES 2 🗌 NO 27. MANNER OF DEATH	1 L Inpatient 2	ER/Outpatient 3	28b. TII		28c. INJ		esidence	8 Other (INJURY OC	CURED		-			
4	1 🔀 Natural 8 🗌 Pending	(Month,	Day, Year)	IN	JURY M	WO	RK? YES 2	□ NO	200. 0200	INDE ITOT		OUNED					
В	2 Accident inventigat 3 Suicide 8 Could so	28a. PLACE	OF INJURY — At ho	me, farm,	street, fac				28f. LOCAT	ION (Street	and Numbe	r or Rural i	Route Number,				
COMPLETED	4 Homicida determine		g, atc. (Specify)						City or	Town, State)						
E I	29a. CERTIFIER 1 PA CERTIFYING P	HYSICIAN: To the best	ot my knowladne, de	ath occur	red at the t	time date	and place	e and due	to the cause	e(a) and ma	nner en ste	ted					
M	(one only	MINER: On the basis of											e) and manner se	stated.			
	29b. SIGNATURE AND TITLE OF CITA				-			ENSE NU					(Month, Day, Year				
BE	110011	RH	0				D	331	38		N		12, 199				
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)				- V								
	Daniel A. Jall	er, M.D. 1	.9511 Doc	tors	Dri	ve G	erma	ntow	n, Ma	rylar	nd 20	874					
	31, DATE FILED (Month, Day, Year)	32. REGISTI	RAR'S SIGNATURE														
	JUN 1 4 '90'	Julia Do	widson-Rang	delle													



DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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0 7	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	0 10025				
	1. DECEDENT'S NAME (First, Middle, La	st A	Cost	30 -	2. DATE OF DEATH	3. TIME OF DEATH				
	4. SOCIAL SECURITY RUMBER	5. SEX 6. AGE	(In yrs. last birthday) #	UNDER 1 YEAR #F UNDER 24 HRS.	7. DATE OF BIRTH 6.	BIRTHPLACE (State or Foreign				
	227-22-864		40	THS DAYS HOURS MIN.	(Month, Day, Year) 47 1	Lynchbars VA.				
<u>«</u>	90. FACILITY NAME (If not institution, gi	re street end number)		CITY TOWN OR LOCATION OF D	EATH 9c. COUNTY	OF DEATH				
СТО	RESIDENCE OF DECEDENT		ev /	TINN HI	710	71				
DIRECTOR	Maribad Ar	ne Arunde	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 1 Yes 2 \(\text{NO} \)				
	10e. STREET AND NUMBER	1 5		101, ZIP CODE	10g. CITIZEN	N OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or No 14.	. RACE — American Indian,				
BY FL	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexic 1 TES 2 NO Speci	an, Puerto Rican, etc.)	Specify: Q 1 a Q 1				
	15, DECEDENT'S I	DUCATION	16e. DECEDENT'S USI		16b. KIND OF BUSINESS/INDUS	TRY				
COMPLETED	(Specify only highest gi	College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.) Worker	Food					
COMP	17. FATHER'S NAME (First, Middle, Lest)		Careten		AME (First, Middle, Maiden Surname)					
ш	Herman Jackson Mary Kendrick									
TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 197. Language Share									
	20e. METHOD OF DISPOSITION		b. PLACE OF DISPOSITION other place)	ON (Name of cemetery, crematory or	et, hynchours	or Town, State				
	4 Donation 5 Other (Specify)		Day	22. NAME AND ADDRESS OF F	ery Lynchb	wy, VH.				
	F. 11.11	Lead		Hucherson	The same of the sa	ne 1A.24504				
N	shook, or feart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Spide	A CONSEQUENCE OF:	10	ch as cardlec or reapiratory arrest	t, Approximata interval Between Onset and Death				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
TIFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
1 55	resulting in death) LAST	d								
MEDICAL	PART II. Other significant condi	ions contributing to death t	but not resulting in t	he underlying cause given in	1 Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
3	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL;		26. PLACE OF DEATH (C	heck only one)	1				
D BY PHYSICIV	1 YES 2 NO	1 Inputient 2 ER/Out		☐ Nursing Home 5 Residence	6 Cher (Specify)	RED				
ВУ Р	1 Natural 5 Pending Investigati	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 NO						
TED E	3 Suicide 6 Could not datermine	building, etc. (Spe	Y — At home, farm, stre	et, fectory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,				
O BE COMPLETE	need by d				e to the cause(e) end manner as stated.					
TO BE C	296, SIGHATURE AND TITLE OF CERT	PER PS	m De	Muty DO	JMBER 29d. DATE S ► 6	SIGNED (Month, Day, Year)				
F	30, NAME AND ADDRESS OF PERSON		EATH (ITEM 27) (Type, Pr		America	C+21035				
	JUN 19 30	32. REGISTRAR'S SIGN	NATURE							
	JUN 1 7 9U	de King	0							



•		permit. Pages 1,	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MAHYLAND 27203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR						GIENE	E		
	1. DECEDENT'S NAME (First, Middle, Last) SCOTT A. G.							2. DATE OF DE MONTH	DA		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		s. last birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BU	RTH	13		ACE (State or Foreign
	213-06-1779	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Mar. 3	Year)	75	Country)	land
)	9a. FACILITY NAME (If not institution, give st			9b. CITY	. TOWN O	R LOCATIO) I 3		NTY OF DEA	
FUNERAL DIRECTOR	Anne Arundel M		er			olis				An	ne Ar	undel
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y. TOWN C	OR LOCAT	ION					T 46	Id. INSIDE CITY
<u>E</u>										LIMITS?		
5	Maryland Anne	Arunder	122	ugen		ZIP CODE				10g. CITIZEN OF WNAT COUNTRY		
RA		Carrs Wharf Road					L037			_	S.A.	
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED						C ORIGIN? (Spe	acifu Vas			
	1 Never Married 2 Married	FORCES? 1 YES 2	NO		If yes, spe		n, Maxican	, Puarto Rican,		01110		- American Indian, Vhits, atc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DATES	•		I L TES	S PV NO	Specify:				Specify:	ite
	15. DECEDENT'S EDUC		a. DECEDENT'S	USUAL O	CCUPATIO	ON .	_	16b. KIND	OF BUS	INESS/IN		
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of life. Do NOT u	se retired.)	aunng mo:	at or wonan	g					
릴	8		Stu	dent	;							
COMPLETED	17. FATNER'S NAME (First, Middle, Lant)			-		18. MOTH	IER'S NAM	RE (First, Middle,	, Malden :	Sumame)	•	
BE C	Harry L. Gess	ford				Vi	irgi	nia M	. W	ard		
0	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street a	nd Number	or Rural Ro	oute Number, Cit	ty or Town	, State, Zij	Code)	21307
۴	Harry L. Gess							Road,	Ed	gew	ater,	MD
	20a, METHOD OF DISPOSITION 1 29b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, Stata											
	4 Donation 5 Other (Specify)	May	o Mem	oria	C	hur	ch C	emete	ry	Ed	gewat	er, MD
	EL SIGNATURE OF FUNERAL SERVICE UK	EMILE V	/			OT F		ral C	han	6]	2	1401
	Tongen A.	Juy Tu			_			ter S	100			
	23. PART I. Enter the disesses or o	complications that caused th	e deeth. Do									Approximete
	disease or condition (And an an an an an an an an an an an an an									Onset and Death		
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									0		
z	Sequentially the conditions " helignant Astrony Toma "Type"											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate											
2	CAUSE (Disease or injury	6. DUE TO (OR AS A CO	INSEQUENCE (NETS:								
E	that initiated events resulting in death) LAST											1
E												
	PART II. Other eignificent condition	e contributing to death but i	not reculting	in the u	nderfyln	g cause (given in I	Part I. 24a.	WAS AN	AUTOPSY	A	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO
8								1 🗆	YES 2	NO		OMPLETION OF CAUSE OF DEATH?
ME								_			1	YES 2 NO
ä												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HO9PITAL:		OTHE		LACE OF D	EATH (Che	ck only one)				
YSI	1 TES 2 NO	1- Inpatient 2 - ER/Outpatie		4 🗆 Nu	ming Hom		sidence	a 🗌 Other (Spe				1007
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATN 1 Netural 8 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TH	ME OF JURY M		PRK?	7.110	28d. DESCRIB	E NOW I	NJURY OC	CURED	
BY	2 Accident Investigation	26e. PLACE OF INJURY	At home form		1 🗆 '		NO	201 LOCATION	M /Ptmat a	and Marsh	ar Guard Sou	do Mirabas
ED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)	At nome, rem,	street, rac	когу, отпе			City or You			r or Hurai Hou	ne number,
Щ	29a. CERTIFIER	1							_	_		
COMPLETED	(Check only	ICIAN: To the best of my knowledg										and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	iller ins	,			29c. LICI	ENSE NUM	1838)	29d, DA	TE SIGNED (A	Aonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Typ	e, Print)	DOR	こぞう -	5	Anna	Po 1.1	s l	S 2	401
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU		1 1	~ [~]_	3()	-1	,,,-,,,,,,			7 ~	1 -)
	JUN 1 9 1990 Jul	a Navidson-Randell										

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FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MADY AND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	SIAIL OF MAILI	CERTIFI	CATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH			3. TIME OF DEATH
Franc	is Albert GR	IFFITH			June 23.	1990	YEAR	м
4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1770		LACE (State or Foreign
216-22-2010	1 ☑ M 2 ☐ F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1000	Country)	
9e. FACILITY NAME (If not institution, gi		01	OL OITY TOWN	OR LOCATION OF DI			Mar ITY OF DE	yland
					AIR		shin	
720 Weldon Pl			надел	stown		We	PHILLI	gton
RESIDENCE OF DECEDENT		10c CITY	TOWN OR LOCA	TION			- 1	10d. INSIDE CITY
		100						LIMITS?
Maryland 100. STREET AND NUMBER	Washington		lagersto			T		1 YES 2XXNO
			1 1	H. ZIP CODE 2174	0	10g. CITI	U.S.	A COUNTRY?
720 Weldon Pla					_			
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES				NC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No—	14. RACE Black,	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			S 27 NO Specif		- 1	Specify	white
	l U.S. Air F	T						WIIICC
15. DECEDENT'S I (Specify only highest g		16a. DECEDENT'S	rork done during m	ION lost of working	16b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	e reurea.)		1			
0-12	- 1							
17. FATHER'S NAME (First, Middle, Last)				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ME (First, Middle, Malden			
Francis	A. Griffith			H	lelen E. Fi	anci	5	
19e. ANFORMANT'S NAME (Type/Print)		124 224 413 444			Route Number, City or Tox			0.1.7.1.0
Mrs. Phyllis J.	Griffith	720 We	eldon P.	lace, Hag	erstown, N	1aryl	and	21740
200, METHOD OF DISPOSITION		b. PLACE OF DISPOS	ITION (Name of c	emetery, cremetory or	20c. LC	OCATION —	City or Tow	n, State
1 Donation 5 Other (Specify)	Removal from State	Rest Hav	zen Cem	etery	Hag	gerst	own,	Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		AND ADDRESS OF FA		.,		
March Seld	20.	. //						
Co Vil	1.40 m	nck)	415	East Wils	on Blvd.,	Hage	rstow	m,MD 21740
23. PART I. Enter the disesses,	of complications that caus ire. List only one cause on		ot enter the m	ode of dying, suc	h as cerdisc or resp	olratory an	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Fine)				Λ.				Onset and Death
disesse or condition	(65)	A CONSEQUENCE OF	· 0	10,	JCFEGG			Smuths
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	7:	1				7,000
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	F):					
if any, leading to immediate cause. Enter UNDERLYING								ļ
CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):						
resulting in death) LAST	91							ļ
								1
PART II. Other algnificant condi	tions contributing to death	but not resulting i	in the underlyi	ng ceuse given in		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 _ YES			COMPLETION OF CAUSE OF GEATH?
								1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICA	ı.		26.	PLACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	structions 2 7 004	OTHER:					
27. MANNER OF BEATH	28e. DATE OF INJUR			NJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEY OO	CURED	
1 Natural 5 Pending	(Month, Day, Year		URY	VORK?	200. DESCRIBE HOW	uoni oo	Johns	
2 Accident Investigati	The second secon			YES 2 NO			<u>2</u> 010-	
3 Suicide 8 Could not	be building, etc. (Si	RY — At home, farm, a secify)	street, factory, of	rice	28f. LOCATION (Street City or Town, State		r or Rural A	oute Number,
4 Mominide dat	ru I							
4 Homicide determine								
290. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of my kn	owledge, death occurre	ed at the time, de	ite end place, end du	e to the cause(s) end me	anner as sta	ted.	
290. CERTIFIER (Chock only	HYSICIAN: To the best of my knowning							end manner ee stated.
290. CERTIFIER (Chock only	MINER: On the besis of examine			, death occured at th	time, date and place, e	end due to t	he ceuse(s)	
290. CERTIFIER 1 CERTIFYING P	MINER: On the besis of examine				time, date and place, e	end due to t	he ceuse(s)	end manner se stated. (Month, Day, Year)
290. CERTIFIER (Check only one) 2 MEDICAL EXA	MINER: On the besis of examine	dion end/or investigation	on, in my opinion	, death occured at th	time, date and place, e	end due to t	he ceuse(s)	
290. CERTIFIER 1 CERTIFYING P	MINER: On the besis of examine	DEATH (ITEM 27) (Type	on, in my opinion	, death occured at th	time, date and place, e	end due to t	he ceuse(s)	
290. CERTIFIER (Check only one) 2 MEDICAL EXA	MINER: On the besis of examine	DEATH (ITEM 27) (Type)	on, in my opinion	, death occured at th	time, date and place, e	end due to t	he ceuse(s)	
290. CERTIFIER (Check only one) 2 MEDICAL EXA	MINER: On the bests of examine	DEATH (ITEM 27) (Type)	on, in my opinion	, death occured at th	time, date and place, e	end due to t	he ceuse(s)	

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

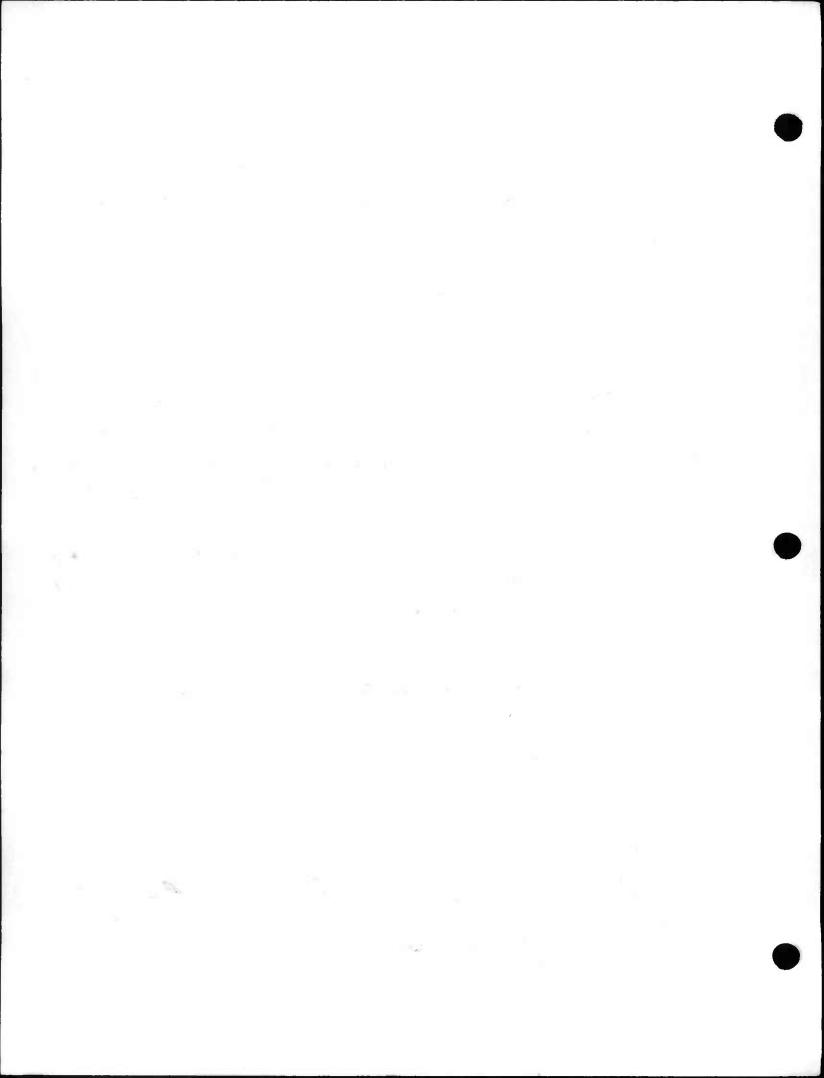
TO BE COMPLETED BY FUNERAL DIRECTOR

מולין וחלון וחלון ווילון	24 hours after death. Page 6 may be retained by the host	filled in by the funeral director, page 5 should be detache ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he fined within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AR	STATE OF M		RTMENT OF HEALTH AND FICATE OF DEATH		HYGIENI REG. NO.	
NAME (First, Middle, Last) F.DNA	OHLEN	GORDON		2. OATE O		Y o c

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENI	E	
1. DECEDENT'S NAME (First, Middle, Law) EDNA	OHLEN (GORDON			June 19,	Ľ990 ^{ve}	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-10-3252			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 5, 1	(BIRTHPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not institution, give s	treet and number)	96	o. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
Washington Count	y Hospital		Hagers	stown		Wasl	hington
100. STATE 100. COUNT	hington	200	own on Locat				10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
100. STREET AND NUMBER 1127 Security Ro				ZIP CODE 21740			OF WHAT COUNTRY?
	12, WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 N O	If yes, spi	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE American Indian, Black, White, etc. Specify:
15. DECEOENT'S EDU	CATION	18e. DECEDENT'S US			18b. KIND OF BUS	INESS/INDUST	White
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	etired.)	st or working			
4		Laundry	Worker		Hospita		
17. FATHER'S NAME (First, Middle, Last) Samuel Jospepl	n Strawsbu	ira		18. MOTHER'S NA Marv	ME (First, Middle, Malden		holosthan
19e. INFORMANT'S NAME (Type/Print)	I SCIAWSDO		DRESS (Street a		Clara Route Number, City or Town		teleather
Helen E. Eyler					agerstown,		
20e, METHOD OF DISPOSITION 1X Burlet 2 Cremetion 3 Rem	200	b. PLACE OF DISPOSITI	ON (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town, State
4 Donatton 5 Other (Specify)	E	roadfordi			Broa	dfordi	ng Wash Md
21, SIGNATURE OF FUNERAL SERVICE LI	1		22 NAME AN Andre	DADDRESS OF FA	fman Funer	al Hon	ne, Inc.
K. nous	Brady	6	40 E.	Antieta	m St., Hag	erstov	vn, Md. 21740
23. PART I. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one ceuee on e	ech line.			Inforct + disea		Approximate Interval Between Onset and Death
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Athero	A CONSEQUENCE OF):	ratic osis	Heor	t'disea	rs e	Years Years
PART II. Other significant condition	ne contributing to deeth i			g cauee given in	Pert I. 24e. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
05 MAD 0405 DESCRIPTION TO MESSAGE							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Ch			
27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ	JURY AT ORK?	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	REO
1 Natural 5 Pending Investigation 3 Suicide 8 Could not be		Y — At home, farm, stre		YEŞ 2 NO	281, LOCATION (Street	and Number or	Rural Route Number,
4 Homicide determined	building, atc. (Spe	еспу)			City or Town, State)		
(Check only	ER: On the best of my known						euse(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R	ົ		29c. LICENSE NU	MBER 1400	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE OF DI		rint) E./	Antion	om Ch.	Hans	vs town Md
31. DATE FILEO (Month, Day, Year)	32 MEGISTRAB'S SIGN	NATURE AND AND AND AND AND AND AND AND AND AND		. , , , ,		1)



DIVISION OF VITAL RECORDS, T.O. BOX 13:145, BALLIMONE, MANILAND 21203-3140
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH DEA	AND I	MENT	AL HYGIENI REG. NO.	E	0	1000	J
	1. DECEDENT'S NAME (First, Middle, Last)	C 00.1							MOR		Y	YEAR	3. TIME OF DEAT	
	HELLA D.	GRAY							-	6 09		90	0920	ДM
	4. SOCIAL SECURITY NUMBER 218-66-2744	5. SEX 1 M 2 X F	6. AGE (In yrs. les	YRS.	MONTHS	DAYS	HOURS	MIN.	Au	re of BIRTN onth, Day, Year) gust 27	, 19	Count	HPLACE (State or Forty) est Virg	1
	9a. FACILITY NAME (If not institution, give st		9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATN		9c. COU	NTY OF C	EATN			
FUNERAL, DIRECTOR	Washington Advent		Sil	ver	Spri	ng			Mon	tgom	ery			
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	,
뜸	Maryland Monts	gomery		Si	lver	Snr	ina						LIMITS?	NO
7	10e. STREET AND NUMBER	7		1 01	IVEL		ZIP COD	Ε			10g. CIT	IZEN OF	WHAT COUNTRY?	
ER/	401 Hermleigh Roa	ad					209	1 /.			U	.S.A	•	
N	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AR				ENDENT (OF HISPAN		GIN? (Specify Yea	or No-	14. RAC	E — American Indi	an,
F	1 Never Married 2 X Married	FORCES? 1		NO.				nn, Maxica Specify		to Rican, atc.)		Spec	k, White, etc.	
В	3 Wildowed 4 Divorced												White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	CEOENT'S	work done	CCUPATIO	N st of worki	ing	1	ieb. KIND OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	,									
MP	12th Grade	None		поп	nemal	cer					Hom	e		
8	17. FATHER'S NAME (First, Middle, Last) John G. Lacek									t, Middle, Malden	Surname)			
BE								nn Re						
0	19a. INFORMANT'S NAME (Type/Print) Deborah L. Wilhite	(Sister								umber, City or Town			1 1 00	700
	L								пуа	attsvil				782
	26s. METNOO OF OISPOSITION 1 A Burlai 2 Cremation 3 Ramo 4 Donation 5 Dother (Specify)	oval from Stata	Fort.	of dispo Linco	oln (eme	netery, crei Lerv	matory or				TION – City or Town, Stata twood, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1)		22.	NAME A	D ADDRE	SS OF FA	ÇILITY	DICI	ILWO	Ju , 1	nal y Land	
	· Mat /	(Dw)	su		47	anc:	is G Balt:	asch imore	's S e Av	Sons Fur ve. Hyai	nera. ttsv:	l Hor ille	ne, P.A.	781
	23. PART I. Enter the diseases, or of shock, or heart fellure.				not enter	the mo	de of dy	ring, suc	h es c	erdiec or respi	ratory a	rrest,	Approxim	
	IMMEDIATE CAUSE (Finel	List only one ce	ise on each iini	J.									Onset sno	
	diseese or condition resulting in deeth)		here	wic	M	su	ddu	6101	KL	1				
		DUE TO	(OR AS A CONSE	OUENCE C	#F):		00	(7	li a			
Z	Severallelle les modifices . Central nervous system insufficiling													
TIC	If eny, leeding to immediate													
2	CAUSE (Diseese or Injury	c. OUE	(OR AS A CONSE	OLIENCE O	1	Jul	w	U.						
CERTIFICATION	thet initieted events resulting in deeth) LAST	MA	100 mlpa	110	A	20 AA	100	. 0	1	11000			į	
CE		d. \\\\\\\\	MODITICE.	1000		W 41		ري ر	0 '	20119				
Ţ	PART II. Other significent condition	s contributing to	deeth but not	resulting	In the u	nderiyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY F	
S										1 TYES 2	NO		COMPLETION OF DF DEATH?	CAUSE
ME										/	V		1 YES 2	NO
ä														
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:					ACE OF	DEATH (Ch	eck only	r one)				
/SI	1 🗆 YES 2 NO		ER/Outpatient	3 🗆 DOA	4 Nu		6 5 🗆 R	lasidence	6 🗆 0	ther (Specify)				
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28s. DATE Of (Month, i		28b. TII	AE OF JURY	28c. INJ WC	URY AT		28d. (DESCRIBE NOW I	NJURY O	CCURED		
BY	Netural 5 Pending Investigation				М		YES 2	□ NO						
	3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE (OF INJURY — At he , etc. (Specify)	ome, farm,	street, fac	tory, offic	•		28f. L	OCATION (Street a City or Town, State)	and Numb	er or Rural	Route Number,	
COMPLETED										· · · · · · · · · · · · · · · · · · ·				
MPL	29a. CERTIFIER (Check only one)													
00	2 MEDICAL EXAMINE		xamination and/or	Investigati	on, in my	opinion, c	leath occu	red at the	tima, d	lete and place, an				
BE (296. SIGNATURE AND TITLE OF CERTIFIE	111000	· LL				29c. LIC	ENSE NU	MBER	. 6	29d. DA	TE SIGNE	D (Month, Day, Year)	
70	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE DE DEATH AT	EM 970 /3-	Driest		4	23	4	US		65	7-40	

30. NAME AND ADDRESS OF PERSON W

MAST IM LU Q

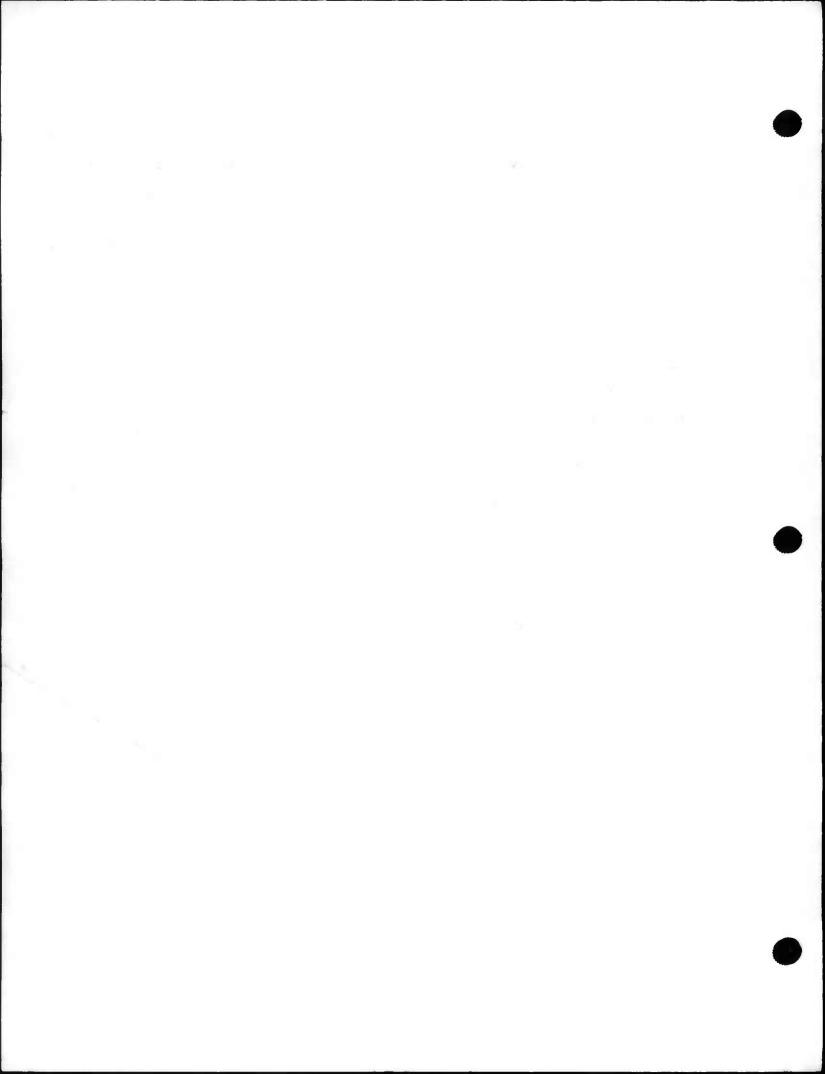
31. OATE FILED (Month, Day, Year)

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WHO COMPLETED CAUSEOF DEATH, (ITEM 27) (Type, Print)

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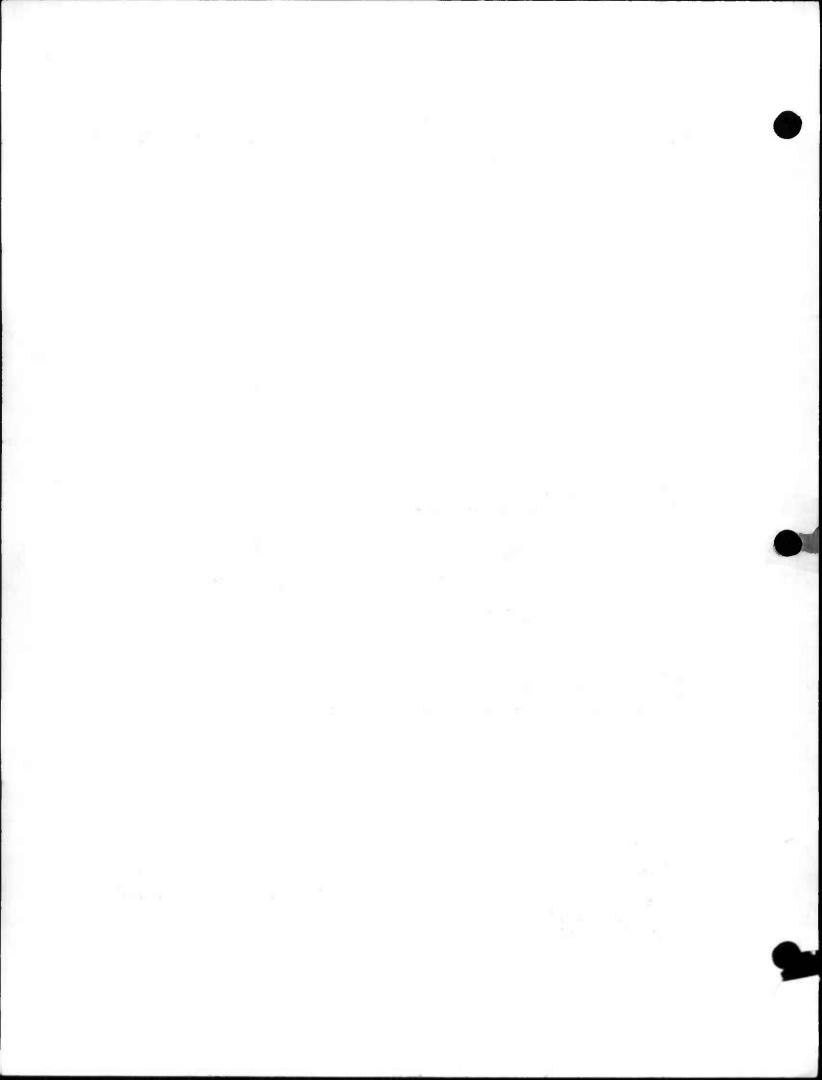


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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
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STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	E	RTIFICATE	O	F DEAT	ГН		REG. I	NO.

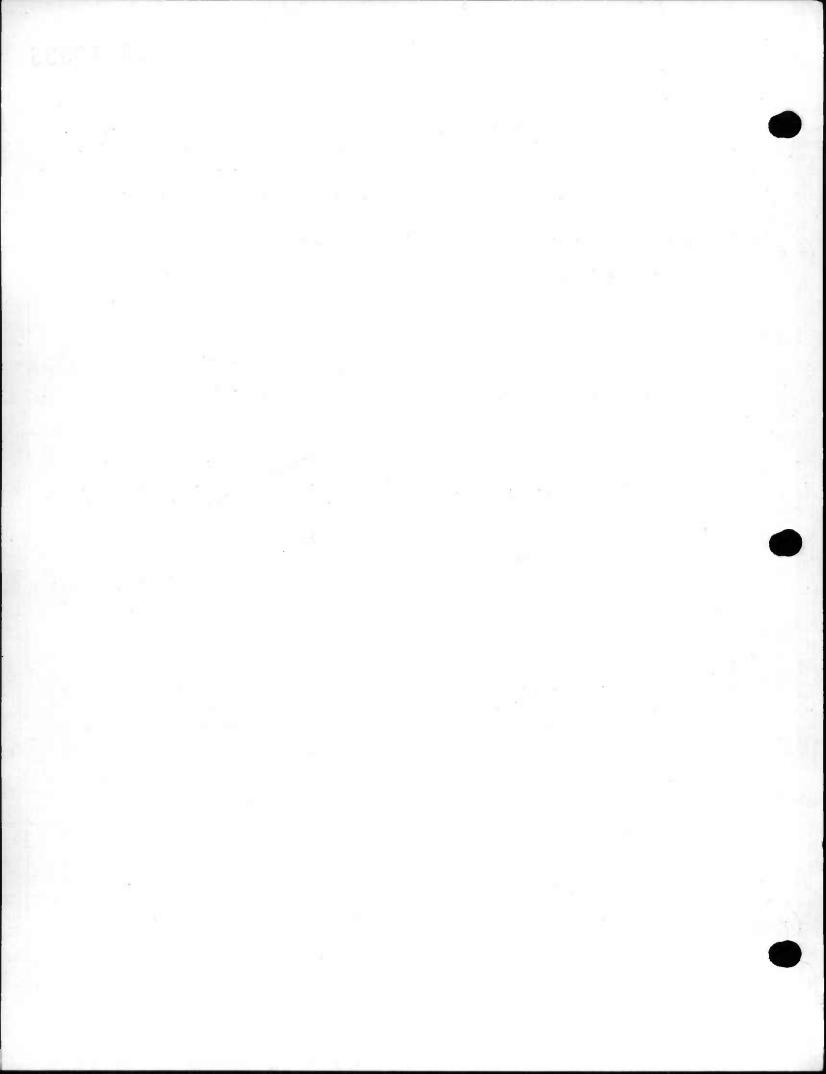
1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E	
	-0 1-1-1111 -	GRAdy				2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH
		SEX	YRS. MO	UNDER 1 YEAR ITHS DAYS	HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 02-16-10	9c, COUNTY	BIRTHPLACE (State or Foreign Country) i-aryland
	Greater Laurel Belt			Laurel	R LOCATION OF DE	AIT!		e George
	10a. STATE 10b. COUNTY	e George	10c. city, to Laur	el	ION			10d. INSIDE CITY LIMITS? V 1 Tes 2 NO
	10. STREET AND NUMBER 14200 Laurel Park	Drive		10f.	20707			OF WHAT COUNTRY?
	11. MARITAL STATUS 12 1/ Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	XXINO	II yes, spe		IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)		RACE — American Indian, Black, White, alc. Specify: Thite
	15. OECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ON opleted) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo.	N st of working	18b. KIND OF BUS	SINESS/INOUST	TRY
	1 1 17. FATHER'S NAME (First, Middle, Last)	1	Purch	nasing		Wholesa ME (First, Middle, Maiden		ating & Plumb
	William E. Grady 198. INFORMANT'S NAME (Type/Print)		10h MAII ING AD	DBESS /Street a	Alm	a Akers Route Number, City or Tour		ries 1
	Robert Grady		PO Box	48 K	ilmarnoc	k, Virgini	a 224	182
	20at METHOD OF OISPOSITION 1/D Buriel 2 Cremation 3 Removel 4 Donation 5 Other (Specify)	I from State	PLACE OF OISPOSITION S	avage (emetery		Savag	ge, Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LICENS	16.11	las.	7601 S	andy Spr	ing Rd. La	aurel,	
	23. PART i. Enter the diseases, or complete shock, or heert feliure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)	pilications that ceused t only one ceuse on ee	ch ilne.	A	de of dying, suc		ratory errest	Approximete Interval Betwee Onset and Dea
	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO ADR AS A	CONSEQUENCE OF):	(ARD)	OMYO	PATHY		
	PART II, Other eignificant conditions of ONE HNIL BRAIN CHIMNIL OBSTRUC	contributing to deeth by SYNMOME STVE PULM	INANY	SF75	g ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		IOSPITAL:		THER:	ACE OF DEATH (Ch			
.	27. MANNER OF DEATH 1 Naturel 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	28c. INJ		8 Other (Specify) 28d. DE\$CRIBE HOW (NJURY OCCUR	DED
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec				28f. LOCATION (Street City or Town, State)		Rural Route Number,
	CHOCK OTHY	N: To the best of my knowl						ause(a) and manner as stated.
	290. SIGNATURE AND TITLE OF CESTIFIER	~			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
	B) MA LHAM	COMPLETED CAUSE OF DE	ATHYLTEM 27) (Type, Pri	EON6	FST		77	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE					



31. DATE FILED (Month, Day, Year)
JUN 15 '90

	1 - FOR STATE STATE REGISTRAR	OF MARYLAND / DE	PARTMENT 0		MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Eileen Elizal	eth Godo			June 12 by	1990 ^{EAR}	3. TIME OF DEATH 9:00 P. M	
	4. SOCIAL SECURITY NUMBER 5. SEX $1 \square$ M 2	6. AGE (In yrs. lest birth	RS. IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) Jan. 14, 1923 Washington,			
TOR	9e. FACILITY NAME (If not institution, give street and num 1616 Oldbury Drive RESIDENCE OF DECEDENT	ber)		wn or Location of De rt Washing		9c. COUNTY OF D	George's	
FUNERAL DIRECTOR	Maryland Prince Geo		c. city, town on L Fort Was		10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2X NO		
NERA	1616 Oldbury Drive			20744	U.S.	U.S.A.		
BY	1 Never Married 2 Merried FORCE	CEDENT EVER IN U.S. ARMED S? 1 YES 2 XNO GIVE WAR OR DATES	If ye	DECENOENT OF HISPAR a, specify Cuban, Mexica YES 2XXNO Specify		s or No 14. RAC Blec Spec	E — American Indian, k, White, etc. m, White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1	(Give kir life. Do N	ent's usual occu nd of work done durin NOT use retired.)	g most of working		ail Stor	e	
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph E. Goforth,			18. MOTHER'S NAME (First, Middle, Melden Surname) Nellie Shea				
10	190. INFORMANT'S NAME (Type/Print) Jean Cole				Route Number, City or Tow rt Washing		20744	
	20a. METHOD OF OISPOSITION 1 3 Burlal 2 Cremation 3 Removal from S 4 Donation 5 Other (Specify)	other place)	rection	of cometery, cremetory or Cemetery		nton, Ma		
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE	Cess	22. NAI	eorge P. K	alas Funer	al Home	, Md.20745	
	23. PART I. Enter the diseases, or complication abock, of heart failure. List only of immediate CAUSE (Final disease or condition resulting in death)			7.0	,		Approximate Interval Between Onset and Death 2 MINS.	
CERTIFICATION	If any, teading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUEN	VCE OF):	c Obstr	active	Disea	se/0475-	
MEDICAL	PART II. Other significant conditions contributed and Meoperated Corp.	ling to death but not result of the series o	iting in the under the early the ear	riving couse given in to kele.	Part I. 24a. WAS AN PERFO	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	AL:	OTHER:	26. PLACE OF DEATH (CI	heck only one) 6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 28s. I		b. TIME OF 28	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED		
	3 Suicide a Could not be 4 Homicide determined	PLACE OF INJURY — At home, building, etc. (Specify)	term, street, factory	office	28f. LOCATION (Street City or Town, State		Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: To the one) 2 🗌 MEDICAL EXAMINER: On the b						(e) end menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER LCL MA .	Farson,	, mp	DOZ	MBER - 237	29d. DATE SIGNE	13-98	

DEATH (ITEM 27) (Type, Print)
12825 Old Fort Rd., Ft. Washington, Md. 20744 M.D. Richard A. Farson, STAND THE STAND S SIGNATURE AND



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ared within. Aurs after death. Page 6 may be retained by the hospital or attending physician.	erificate has been signed by the attending physician and completely fiffed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached by the attention of the property of the permit of th	event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burit.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic

IMPORTANT: If

DATE FILED (Month, Day, Year)

												90	10	336	
FOR 1 - STATE REGISTRAR	S	TATE OF MA					EALTH DEAT		MENTAL	HYGIEN REG. NO.	E				
1. DECEDENT'S NAME (First, Midd	lle, Last)								2. DATE O	OF DEATH			3. TIME C	OF DEATH	
LEON	Cak	REEN	BIAT	-					MONTH	10		90	/	10p.	
4. SOCIAL SECURITY NUMBER								24 HRS.	7. DATE OF BIRTH 8. BIRT				PLACE (SI	ate or Foreign	
163-07-7732	-4 10	M2 DF	83	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month,	(Month, Day, Year)			Country)		
/		nd number	00	2002.111	Oh CITY	TOWN	B I OCATIO	N OF DE		27-07	00 001	INTY OF D	PA.		
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O											שמש			
RESIDENCE OF DECEDI	ERNWOOD HOUSE BETHESDA, MD. MONT									N/G	Om	CKY			
FERNWOOD RESIDENCE OF DECEDION 100. STATE Maryland M	COUNTY	10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?				
													2 NO		
10e. STREET AND NUMBER	10e. STREET AND NUMBER 10f. ZIP CODE										10g. CI1	TIZEN OF V	VHAT COU	NTRY?	
7106 Old Gat	e Road					2	0852					U.S.	A.		
100. STREET AND NUMBER 7106 Old Gat 11. MARITAL STATUS 1 Never Merried 2 Merried										(Specify Yea	or No-	14. RACE	- Americ	en Indien,	
1 Never Merried 2 Merried 3 Divorced		FORCES? 1 L IF YES, GIVE WAI		10			2 NO		n, Puerto Ri /:	icen, etc.)			c, white, et		
16. DECEDEN	IT'S EDUCATIO	N	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b.	KIND OF BUS	SINESS/IN	•			
(Specify only high Elementary/Secondery (0-12)	1	lieted)	(Gi life.	ve kind of Do NOT u	work done se retired.)	during mo	st of working	g							
Clementary/Secondary (0-12)	4		Pro	orie	tor				1	Sale:	S				
15. DECEDEN (Specify only high Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, 17. FATHER'S NAME (FIRST, MIDDLE, 17. FATHER'S NAME (FIRST, MIDDLE, 17. FATHER'S NAME (FIRST, MIDDLE, 17. FATHER'S NAME (FIRST, MIDDLE, 17. FATHER'S NAME (FIRST, MIDDLE, 17. FATHER'S N			[110]	7110			18 MOTH	IFR'S NA	ME /First M	iddle, Melden					
									e Bra		-				
100 INCODMANT'S NAME (Topo/P			198	MAJLING	ADDRES	S (Street a					o Stata 7	in Codel			
0	Dr. Sheldon Contract 7106 Old Gate Road; Rockville, Md. 20852														
200. METHOD OF DISTUSSITION		,	20b. PLACE	OF DISPO	SITION (N	ame of cen	netery, crem	atory or		20c. LO	CATION -	- City or To	wn, State		
1 1 Buriel 2 Commetion 3	20e. METHOD OF DISUSSITION 1 Burlel 2 Commettery														
	21. SIGNATURE OF UNEXAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CH														
M	\mathcal{A}	t /	4.											,	
1 Jan	4	n. /	Lise		1	170	Rock	vill	e Pil	ke;Roc	kvi1	le,M	d. 20	0852	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	Go Due To (c	caused tha da e Dn aach line DR AS A CONSEC				da of dyl	1		ac or reap	ratory a	rreat,	Inte	proximate arval Between set and Deati	
Sequentielly list conditions if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			OR AS A CONSEC												
PART II. Other algorificant of Old Myd Left Ven Rend Fa	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. Old My Occupal Infection Left Classic Feilure Renel Feilure 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO														
25. WAS CASE REFERRED TO ME EXAMINER?		SPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one	9)					
1 TYES 2 NO		Inpatient 2 🗆		□ DOA			e 6 🗆 Re	sidence	6 🗆 Other	(Specify)					
27. MANNER OF DEATH	(Month, Day, Year) INJURY						URY AT		28d. DE\$	CRIBE HOW I	NJURY O	CCURED			
2 Accident Invet 3 Suicide 6 Coul 4 Homicide deter	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 26. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)									t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
E (SINGUI ONN)		: To the best of m											e) end man	ner ee stated.	
1 205 SIGNATURE AND TITLE OF	CERTIFIER						29c. LICE	ENSE NUI	MBER		29d. DA	TE SIGNE	(Month. D	ev. Year)	
m Hamilan	lesso	1/10	0				_				29d. DATE SIGNED (Month, Day, Year)				
2 Stami in lucine M. Do Go 19 6/6/9									17			411	4-76		

GENEGETOWN RD

MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

JUNE DAVIDSON - RANGELL

10401060

ENNER

Carri i

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	death	affen
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille
	THE	포
	2	2

	1. DECEDENT'S NAME (First, Middle, Last) AGNES C. GEAGAN 2. DATE OF DEATH DAY YEAR 90 12 30 P										
	[N - C N - C C - C - C - C C - C - C - C - C	SEX 6. AGE (In yrs 82	iast birthday). YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 01-28-190	8 6. BIRTH Count Wash	ington, D.C.			
TOR	99. FACILITY NAME (If not institution, give street Carroll Manor Nursi RESIDENCE OF DECEDENT			9b. CITY, TOWN Hyatts	OR LOCATION OF D	EATH	Prince	nty of DEATH			
DIRECTOR	10s. STATE 10b. COUNTY N/A N/A			town or Loca Shingtor		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	915 Varnum Street,		10g. CITIZEN OF WHAT COUNTRY? U.S.A.								
BY FUN	11. MARITAL STATUS	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, s		NIC ORIGIN? (Specify Yes an, Puarto Rican, atc.) fy:		E — American Indian, k, White, atc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade community) Elementary/Secondary (0-12) Community Grade ——	pleted) ollege (1-4 or 6+)	DECEDENT'S (Give kind of w life. Do NOT us Lerk	USUAL OCCUPAT vork done during m e retired.)	ION lost of working		pt. of M	otor Vehicl			
	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Thomas R. Hodges Hannah Murphy										
TO BE	19s. INFORMANT'S NAME (Type/Print) Mary A. Kenney [dau	ohterl				Route Number, City or Tow		84			
	20g. METHOD OF DISPOSITION 1 🖾 Burial 2 🗆 Constion 3 🗆 Removal	20b, PL/	CE OF DISPOS	SITION (Name of co	emetery, crematory or nal Cemet	20c. LO	CATION — City or To	own, Stata			
TO THE PERSON NAMED IN COLUMN 1	21. SIGNATURE OF FUNETUL SERVICE LICENS		ningto	France France	AND ADDRESS OF E	Sons Fu					
ERTIFICATION	23. PART I. Unter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Death disease or condition resulting in death) Due to low as a consequence of: Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or Injury that Initiated eventa reaulting in death) LAST										
AN: MEDICAL CI	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Contribution Contributing to death but not resulting in the underlying cause given in Part I. Contribution Contributing to death but not resulting in the underlying cause given in Part I. Contribution Contributing to death but not resulting in the underlying cause given in Part I. Contribution Contributing to death but not resulting in the underlying cause given in Part I. Contribution Contributing to death but not resulting in the underlying cause given in Part I. Contribution Contributing to death but not resulting in the underlying cause given in Part I. Contribution Contributing to death but not resulting in the underlying cause given in Part I. Contribution Contribu										
SICI	1 YES 2 10 NO 1	OSPITAL: Inpatient 2 ER/Outpatier	H 3 DOA	OTHEB-	PLACE OF DEATH (C	6 Other (Specify)					
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. OATE OF INJURY (Month, Day, Year)	26b, TIM INJ	URY W	JURY AT /ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED				
TED TED	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, o	street, factory, off	ice	26f. LOCATION (Street City or Town, State)		Route Number,			
AP I	one)	N: To the best of my knowledge						(a) and manner as stated.			
BEC	200. Supertung/Juno Turce of Centrices	man & M	77)		29c. LICENSE NO	06	DO6/2	D (Month, Dey, Year) 23/90			
<u> </u>	30/WAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH N. D.	(ITEM 27) (Type)	Print) 5 HAM	ILTON S	T, HYATT	SVILLE	MO 782			

32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

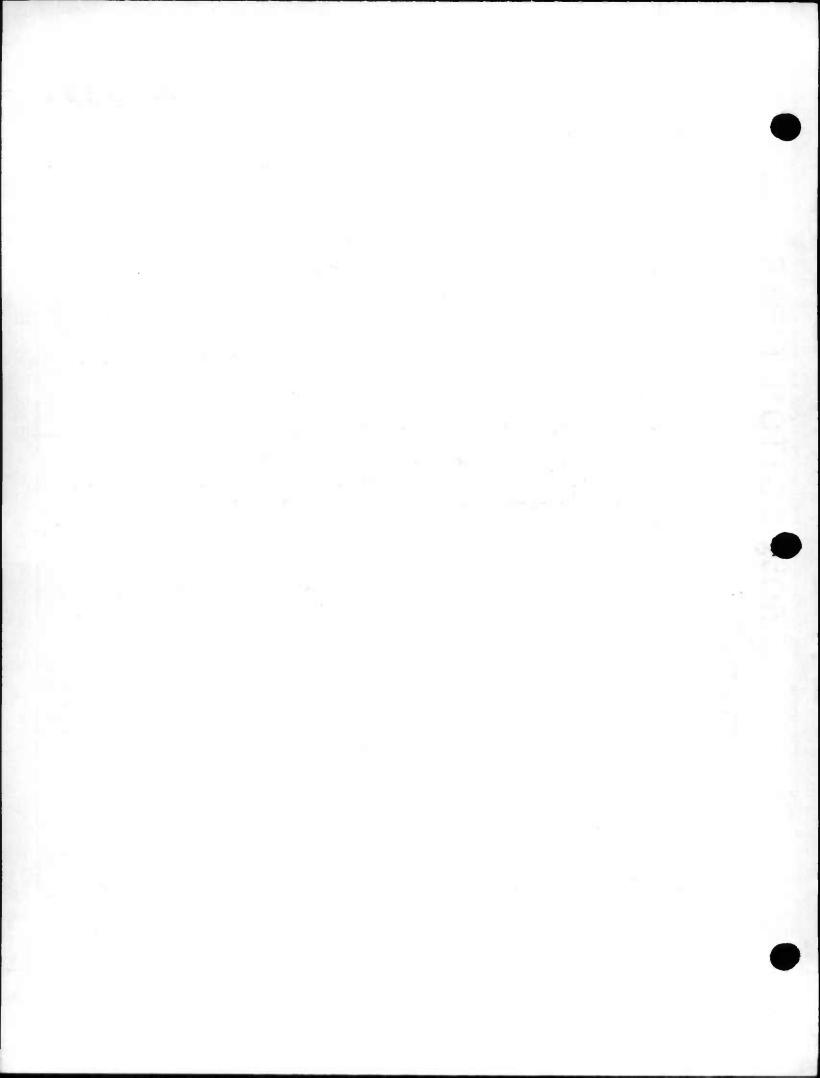
90-18337

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DHMH-16 Rav 1/89

31. DATÉ FILÉD (Month, Day, Year)

JUN 25 '90



tal or attending physician.	for use as the burlat-transit permit. Pages 1, 2, 3 should	
TAL OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FUNERAL

BY

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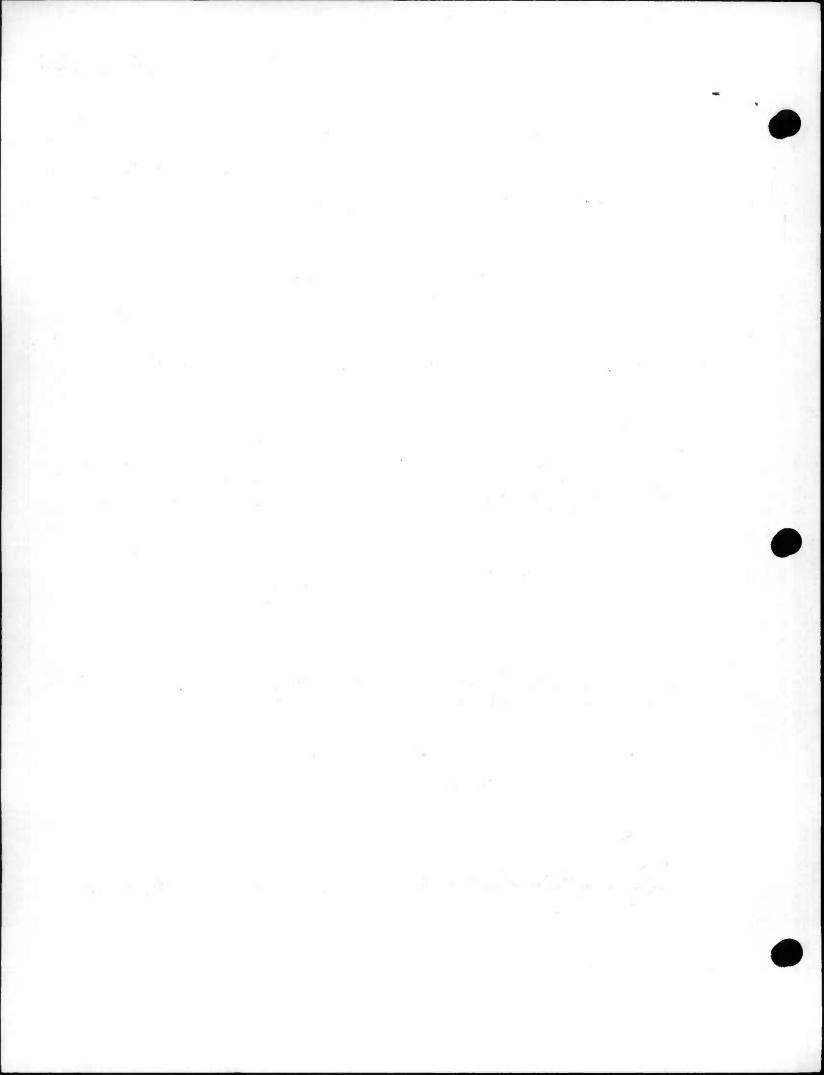
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 2. OATE OF DEATH DAY MONTH 12. 1990 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH JOHN **EVANS** GRIFFIN, SR. 7:40 P. M A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🕅 M 2 🗆 F YRS 177-05-0600 81 SEPT. 12 1908 **PENNSYLVANTA** 9a FACILITY NAME (If not institution, give atreet and number 96. CITY TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PARSON MILL ROAD, BOX 144-A LEONARDTOWN MARY'S CO. RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10a. STATE 10d. INSIDE CITY TIOGA CO 1 TES 2 NO PA. **WELLSBORO** 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6. BOX 201 16901 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FDRCES? 1 YES 2 If yes, apecity Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 ND Specify: 2 X10 1 Never Married 2 Married 3 🕅 Widowed 4 🗌 Olvorced WHITE COMPLETED 15. DECEDENT'S EQUICATION 18e. DECEDENT'S USUAL OCCUPATION
(Che kind of work done during most of working) 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) **UPHOLSTERER** GRADE SELF EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maider Surname JOHN GRIFFIN LOUISE J. EVANS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RT. 2 BOX 144-A, LEONARDTOWN, MARYLAND 20650 JOHN EVANS GRIFFIN 20b. PLACE DF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State PINE CEMETERY NEW OXFORD PA. 21. SIGNATURE OF FUHERAL SERVICE-LIG 22. NAME AND ADDRESS OF FACILITY MATTINGLEY-GARDINER FUNERAL HOME, P.A. ardener uchar P.O. BOX 270, LEONARDTOWN, MD. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fellure. List only one cause on asch line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition_ resulting in death) DUE TO (DR AS A CONSEQUENCE DF) d 1 1 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DF): if eny, leeding to immedista cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEDUENCE OF) resulting in death) LAST MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO elu COMPLETION OF CAUSE OF DEATH? 1 TES ZENO 1 | YES 2 | ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) **EXAMINER?** OTHER: 1 - Inpatient 2 - ER/Outpatient 3 DOA 1 TYES 2 ND 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural W. 180 8 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Momicide 29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. DO 837 296 SIGNATURE AND TITLE OF CERTIFIER ecletth MD 29d. DATE SIGNED (Month, Day, Year) BE auch In 13/90 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paul Pritchett, Sr. M.D. P.O. Box 1317, LaPlata, MD 20646



31. OATE FILEO (Month, Day, Year)

32 REGISTRAR'S SIGNATURE

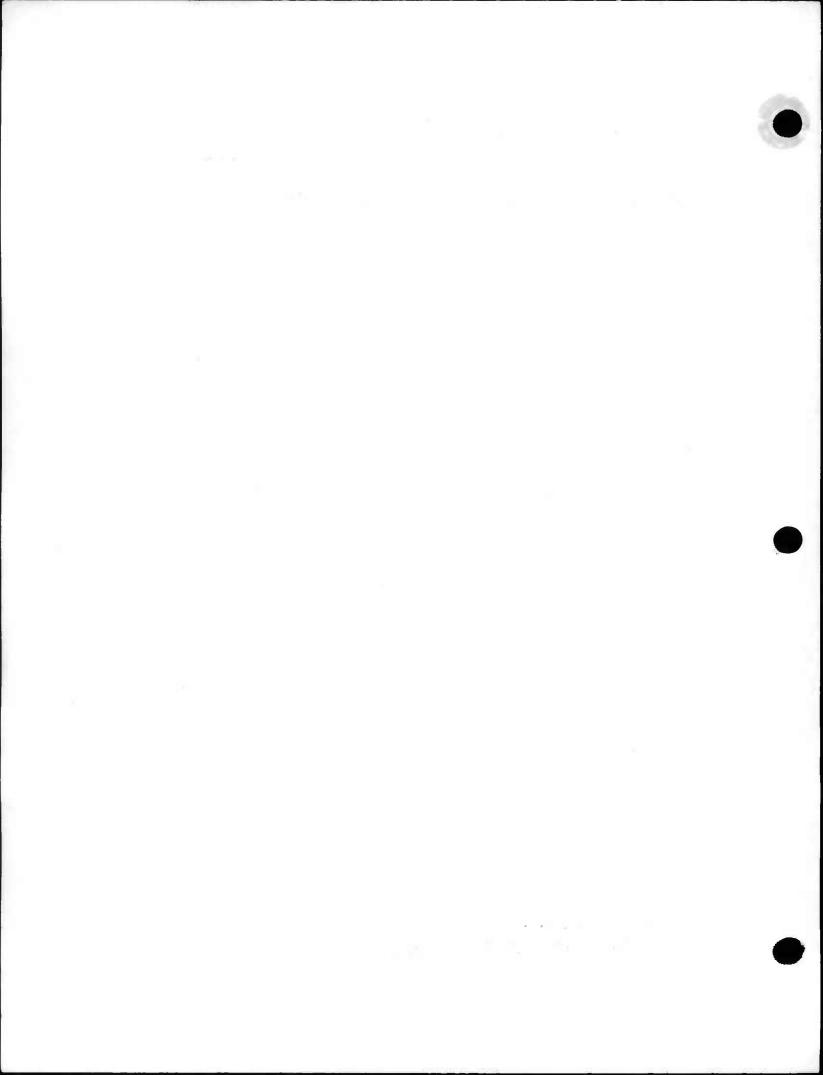


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	EATH	VEAD	3. TIME OF DEATH		
	Alice V. Gooding				MONTH 06	20 9	OYEAR	23:10 P M		
		n yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BE	RTH	6. BIRTH	IPLACE (State or Foreign		
	216-07-4355 1 D M 2 1/2 F 76	YRS.	ITHS DAYS	HOURS MIN.	(Month, Day, 07/2)		Countr MI	Ď		
	9a. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE							
FUNERAL DIRECTOR	Calvert Memorial Hospital		Pr. Frederick Calvert							
μ μ	10s. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCA	TION		10d. INSIDE CITY LIMITS?				
a	MD Calvert	Chesa	peake	Beach		1 <u>YE</u>				
A	10e. STREET AND NUMBER		10	. ZIP CODE		10g. CI	VHAT COUNTRY?			
EB	4901 Breezy Point Rd.			20732		U	SA			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN			ENDENT OF HISPANI			14. RACI	E — American Indian, k, White, etc.		
BY	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DA			ecify Cuban, Mexican 2 NO Specify:		etc.)	Spec			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USL	AL OCCUPATE done during me	DN ost of working	16b. KIND	OF BUSINESS/II	DUSTRY			
9	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re								
MP	12	house	wife							
8	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM		,				
H	John William Curtis			L		e Moxle				
6	19a. INFORMANT'S NAME (Type/Print)			and Number or Rural A				20670		
	Virginia E. Hammett			. Rd., Pr	ince F					
	20s. METHOD OF DISPOSITION 1 IX Burlet 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	other place) Ft. Lil	Name of ce	metery, crematory or Cem.		20c. LOCATION - Brentwo				
	21. SIGNATURE OF FUNERAL SERVICE LICHNSHE	/		ND ADORESS OF FAC	HLITY					
	Mrchael Ph	de	Rausc	h Funeral	Home	Owin	gs, M	ID 20736		
	23. PART I. Enter the diseases, or complications that caused shock, or heert failure. List only one cause on ea	the death. Do not	enter the m	ode of dying, such	as cardiac	or respiratory a	rrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Finel	1	1	1 1				Onset and Death		
	disease or condition	vascula	rAce	ident			2 nlc			
	DUE TO OR AS A CONSEQUENCE OF:									
Z	Sequentially list conditions, Due to lor as a consequence op:									
CERTIFICATION	if any, leading to immediate									
2	cause, Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF):								
Ē	that initiated events resulting in deeth) LAST	consequence or j.						İ		
빙	d							+		
	PART ii. Other significant conditions contributing to death be	ut not resulting in t	he underlyir	g cause given in l	Part i. 24a.	WAS AN AUTOPS'	Y 24t	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Š	1 Diabetes (2) Hype	stensi	7	•	_ 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
MEDICAL								1 TES 2 19 NO		
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Che	ck only one)					
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputtent 2 ER/Outp		THER: Nursing Ho	ne 5 🗆 Residence	8 Other (Spe	ecify)				
£	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN	JURY AT	28d. DEŞCRIB	E HOW INJURY O	CCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO						
	3 Suicide 8 Could not be 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre-	t, factory, offi	00	28f. LOCATION	(Street and Numb	per or Rural	Route Number,		
1	4 Homicide determined					,				
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowl	ledge, death occurred a	t the time, dat	and place, and due	to the cause(a)	and manner as a	tzted.			
COMPLETED	one) 2 MEOICAL EXAMINER: On the basis of examination							a) and manner as stated.		
U U	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER	29d. D.	ATE SIGNE	(Month, Day, Year)		
m	Robert Helilager	(MI)		D 168	23	•	6-2	1-90		
5	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)							
	R. J. Schlager, M.D.	Owings, M	d,							
	31. DATE FILEO (Month Day Year) 32. REGISTRAR'S SIGN.	ATURE								
i	JUN 22 1990 Julia Savids	n-Randell								



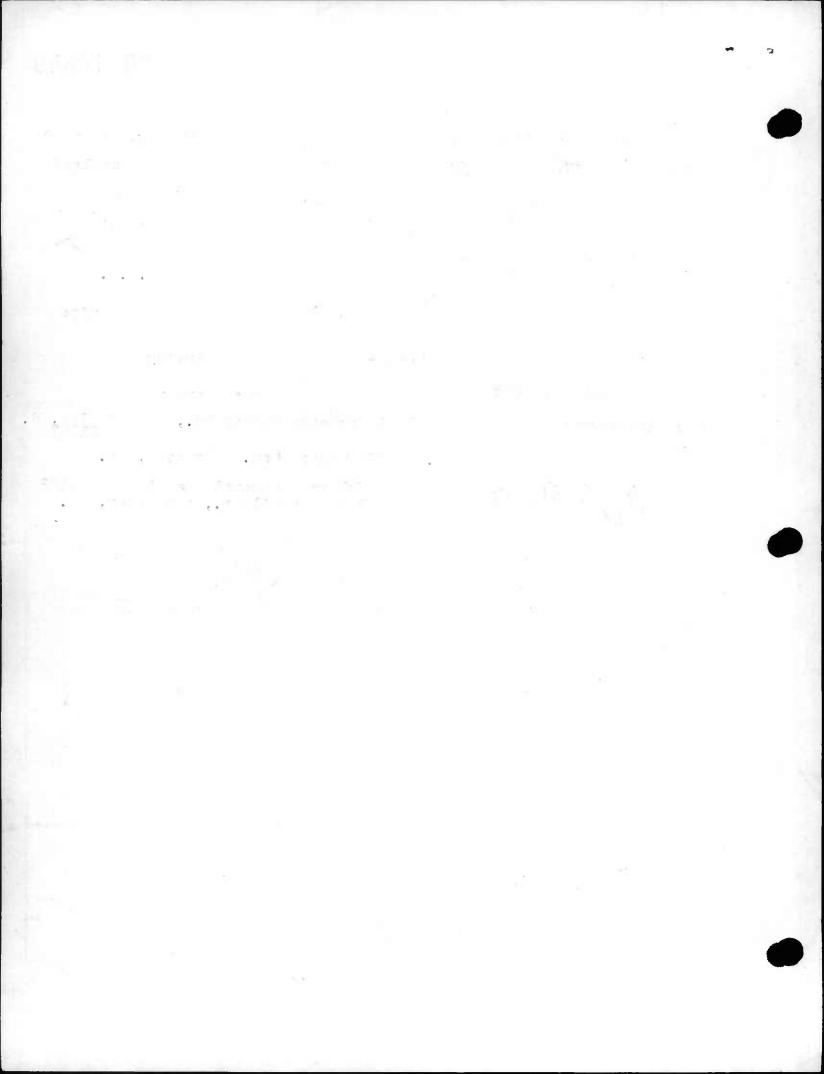
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D. S. KALARIA, 217
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S

22'90

	Pag	
MOING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	Rater this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag redath with the State Deot, of Health and Mental Hypiene prior to burial, cremation, or removal.	236.0
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF H		MENTAL HYGIENI REG. NO.	E					
		1. DECEDENT'S NAME (First, Middle, Last)		_			2. DATE OF DEATH DA	V YE	3. TIME OF DEATH				
-		CURVIN C.	GARRETI				6 8	2 9	0 6:20 Am				
T T	1	- 1 to a - build.	SEX 6. AGE (In yrs	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland				
	/	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN O	OR LOCATION OF DE	11	9c. COUNTY					
-	CTOR	Carrell Co. 1	Lup.		west	minster	,	Care	ell				
Jes 1,	ELL III	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?				
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it pern	FUNERAL	100. STREET AND NUMBER	news Va On	y Po	100	ZIP CODE	7	-	OF WHAT COUNTRY?				
physician. burial-transit	ONE	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2				IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)		S . A . RACE — American Indian,				
physical physical purision	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced		Black, White, etc. Specify: White									
tending as the	ED B	15. DECEDENT'S EDUCATI	RY										
al or atte		(Specify only highest grade com Elementary/Secondery (8-12) C	opleted) college (1-4 or 5+)	(Give kind of life, Do NOT u		est of working	200						
be ed	COMPL	6		Far	mer			ming					
by the hose be detach	-	17. FATHER'S NAME (First, Middle, Last) John Ge.	rrett				ME (First, Middle, Malden Emma Wer	ner					
5 should notified	BE	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural i	Poute Number, City or Town	n, State, Zip Coo	10)				
5 5	2	Helen Totura		13	23 Bach	mans Va	alley Hd.	, wes	tminster, Md				
hours after death. Page 6 may be ed in by the funeral director, page or removal. medical examiner must be		20a METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Removal	from State 20b. PL/	ar niecel	SITION (Name of cer	metery, crematory or nurch E		CATION — CITY OVER,					
Page (4 Donation 5 Other (Specify)		U. Da	22. NAME A	ND ADDRESS OF FA	CILITY						
death. Pag tuneral dii L examiner		Eckhardt Funeral Chapel 21102											
ours after d d in by the or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Retween											
y filled in tion, or n		ahock, or haart fellure. List only one ceues on each line. IMMEDIATE CAUSE (Final Onset and Deat											
ted within 24 completely fille ial, cremation, cevent, the		disease or condition reaulting in desth) e	Ventre Cu	USECULENCE O	1 (2)	welakio	h						
D = 3	z	Severe Congestive heart darline											
	TIO	Sequentially list conditions, If any, leading to immediate	DUE TO (OP-AS A CO	NSEQUENCE (DF): 1 -	0 15	H. COND	10 A	-T				
certificate be ding physician tygiene prior t	RTIFICATION	CAUSE (Disease or Injury	DUE TO (OR AS A CO	NSEQUENCE (OTALLA	IN JEVE	W /	-					
ding tygie	RT	that initiated evants resulting in death) LAST											
the death certificate be yy the attending physiciand Mental Hygiene prior Injury, or other trau	L CE	PART II. Other significant conditions of	ontributing to death but r	ot resulting	in the underlyin	g cause given in	Part I. 24n. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
DING PHYSICIAN: The law requires that the After this certificate has been signed by it death with the State Dept. of Health and is marked, or Item 23 shows any In	MEDICAL	CAI)	CHB				PERFOR	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
requires been sign of Healt	MED							7	1 TYES 2 NO				
law re as bee Dept. o													
V: The icate h State [SICI		OSPITAL:	4 2 DOM	OTHER:	LACE OF DEATH (C							
SICIAL certiff th the	PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. IN	JURY AT	6 Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCUR	ED				
NG PHYS fler this c eath with marked	ВУ Б	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO							
TTENDII TOR: Ai after de	9	3 Suicide 8 Could not be 4 Nomicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, offic	Ce .	28t. LOCATION (Street and City or Town, State)		Rural Route Number,				
DR A DIRECTORING	LET	290. CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the best of my knowledg	e, death norm	red at the time state	e and place, and disc	to the cause(a) and may	nner as stated					
E BE	COMPL	one)	On the basis of examination an						suse(e) and menner ee stated.				
THE HOSPI TO THE FUNER Se filed within	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU	MBER 7 0 1 C	29d. DATE S	GNED (Month Day, Year)				
中 中 中 中 市 東 市 大	TO B	30. NAME AND ADDRESS OF PERSON WHO C	Wang	/ITEM OT /	Drieta	102	3015		0 22 90				
		AN HUME WITH WARRIEDS OF LEUSON MUO C	COMPLETED WAUSE OF DEATH	VIIEM 2/) [1/0	75, 1"1" # X		A . (1)	- [

217 Wash Laton
32. REGISTRAR'S SIGNATURE Lander



DIVISION OF VITAL RECORDS, F.O. BOA 13149,	BALLIMORE, MARILAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the man after death. Page 6 may be retained by the hos	In after death, Page 6 may be retained by the hor
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ed in by the funeral director, page 5 should be detach, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	\$	STATE OF M			RTMENT					IYGIENI REG. NO.	E				
1	1. DECEDENT'S NAME (First,	Middle, Last)								. DATE OF				3. TH	ME OF DEATH	
		Ever	ette	L		На	rpe:	r		June	8,	199	O	C	715	М
	4. SOCIAL SECURITY NUMBER	ER 5.	SEX	6. AGE (In yrs. i							DATE OF BIRTH (Month, Day, Year) a. BIRTHPLACE (State or Foreign Country)					
	426-28-4176	(66 YRS. MONTHS DAYS HOURS MIN. AU						t 15	,192	B A1	aba	ma			
_	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH															
ပို	Calvert Memorial Hospital Prince Frederick								ick		Ca	lve	rt			
DIRECTOR	10e. STATE	10b. COUNTY			10c. CI7							NSIDE CITY				
늅	Florida		Ke	y Wes	t								YES 2 X NO			
IAL I	10e. STREET AND NUMBER						101. 2	IP CODE	E		10g. CITIZEN OF WHAT C				COUNTRY?	
FUNERAL	Roosevelt								040				USA			
5	11. MARITAL STATUS 1 Never Married 2		FORCES? 1	X YES 2	RMED NO	11	yes, speci	Ify_Çube	OF HISPANIC n, Mexican, I	ORIGIN? (S Puerto Rica	ipecify Yee n, etc.)	or No-	14. RAC Blac	E — An	nericen Indien, e, etc.	
Æ	3 Wildowed 4 Divor		IF YES, GIVE W	AR OR DATES		11	YES 2	□ λνο	Specify:				Spec		adan	
		EDENT'S EDUCATION		16a. [ECEDENT'S	USUAL OCC	UPATION			16b. K/	ND OF BUS	INESS/IN		uca	sian	
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COMPLETED			5+	V	Reg	Opera					orpo	_	on			_
	17. FATHER'S NAME (First, Middle, Last) Joseph L Harper Willie De									Sumeme)						
BE	190. INFORMANT'S NAME (7)		-		ION MAIL IN	G ADDRESS	(Street end					n State Zi	n Code)	_		_
임	Terry Gra					Shamı								206	576	
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	1 Buriel 2 Cremetio	n 3 Removal (Specify)	from Stata	Ar1		n Nat	iona	1 C	emete	ry	Ar1	ingt	on,	Vir	ginia	
	21 SIGNATURE OF FUNERAL	L SERVICE LICENS	SEE	01	//				ss of facil Fune1		Omes	Tn	0			
1	Fant	-nll	(1) ()	Joh	M	1						-				
1	Alexandria, Virginia 22314 28. PART I. Enter the diseasea, or complications that caused the death/or not anter the mode of dying, such as cardiac or reaplratory arrest, let only one cause on each line.															
											Onset and Daa					
	disease or condition reaulting in death)	TUMOR NSEQUENCE OF):											_			
			DUE TO	OR AS A CONS	ÉOUENCE (OF):										
8		Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):														
¥	If any, leading to immed cause. Entar UNDERLYI	ING		,		37								ĺ		
E	CAUSE (Disease or Inju that initiated events		DUE TO	OR AS A CONS	EQUENCE (DF):										_
CERTIFICATION	reaulting in death) LAS	T												-		
	PART ii. Other significa	nt conditiona c	ontributing to	daath but no	t reaulting	in tha unc	lerlying	cause	given in Pa	ert I. 24	la. WAS AN		24		AUTOPSY FINDING	is
ICAL										. ,	PERFOR			COM	ABLE PRIOR TO PLETION OF CAUSE	
MED															EATH? YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO EXAMINER?		OSPIJAL:			OTHER		CE OF D	EATH (Check	k only one)						
YSI	1 TYES 2 TIME		Limpatient 2				ng Home		eeldence 8							
PHY	27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE OF (Month, De		28b. TI	ME OF	WOR	K?		8d. DESCF	IBE HOW I	NJURY O	CCURED			
B	2 Accident	Investigation	28s. PLACE O	F INJURY — At	home farm	street facto		S 2 [er LOCATI	M LOCATION (See and Murchase See Assessment			_		
8	3 Suicide 6 Could not be 4 Homicide datarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
LE.	29a. CERTIFIER 1 4 CERT	TIFYING PHYSICIAL	N: To the best of	my knowledge.	death occur	rred at the tir	ne, data e	nd place	, end due to	the ceuse	(e) end mar	nner se st	nted.			
COMPLET	(Oriotick Oriny	ICAL EXAMINER: C												(e) and	manner as stated.	
w	29b. SIGNATURE AND TITLE	OF CERTIFIER	1 /	1				29c. LIC	ENSE NUMB	ER		29d. DA	TE SIGNE	9 (Mont	th, Day, Year)	
8													11	0/	9	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Savidron-Randall

026

Prince Frederick



9

30. NAME AND

'90

31. DATE FILED (Month, Day, Year)

JUN 1 5

Maryland

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Poer filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	F	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF DEATH		
	ARTHUR REYNOLDS	HENDRICK				06	16		990	10:00 a ™		
	4. SOCIAL SECURITY NUMBER 5. SI		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		1		PLACE (State or Foreign		
	226-03-6209	M 2 🗆 F 72	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Da	_	117	Country)		
	9e. FACILITY NAME (If not institution, give street er			OR LOCATION OF DE	10 0	0 1	917	Virg				
~						AIH		9c. COU	INIT OF DE	AIH		
2	Washington Adventist Hospital Takoma Park Montgomer											
DIRECTOR										16d. INSIDE CITY		
<u>=</u>	Maryland Prince George's Riverdale									LIMITS? 1 TYES 2 NO		
5	10e. STREET AND NUMBER	eorge s	RIVE							HAT COUNTRY?		
HA		L		"								
FUNERAL	6309 Tuckerman Stree	MAS DECEDENT EVER IN	110 101150		20737 CENDENT OF HISPAN		14. 14		U.S.			
F	1 Never Married 2 Married F	FORCES? 1 X YES	2 NO	If yes, s	secify Cuben, Mexico	n, Puerto Rice		or No-	Black	— American Indian, White, etc.		
A		F YES, GIVE WAR OR DAT \overline{WW} \overline{I} \overline{I}	ES	1 TYE	S 2 NO Specify	<i>r</i> :			Whi			
	15. DECEDENT'S EDUCATION		16e. DECEDENT'S	ISUAL OCCUPAT	ON	185 KB	ID OF BUS	INESS/IN		LE		
	(Specify only highest grade comple	leted)		ork done during m		1021 1411						
<u>ה</u>	Elementary/Secondary (0-12) Coll 10th Grade	lege (1-4 or 5+)	Manager			Th	eatei					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Hallagel		18. MOTHER'S NA							
	John R. Hendrick				1000							
BE						A. Re						
ဝ	19a. INFORMANT'S NAME (Type/Print)	-41			and Number or Rural I							
		niece]			n Street,	, Kive:				0737		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal for	mm State	other place)		metery, crematory or				City or Tox			
4 Donetton 5 Other (Specify) Cedar Hill Cemetery Sui									tland, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E) ()		Franc	is Gasch	S Son!	s Fur	ne r e'	l Hom	ο P Δ		
	1 / (Q1/E/3.1	Drokon								, Md. 20781		
	23. PART i. Enter the diseases, or comp									Approximata		
	shock, or heart failure. List of IMMEDIATE CAUSE (Final	inly one cause on as	ch line.							intarval Batween Onsat and Death		
	disease or condition	Cardiac Arı	rest							Immed.		
1	resulting in death) a		/	j:					·	Thuneu.		
_	DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic Cardiovascular Disease											
0	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
AT	if any, lasding to immediata cause. Enter UNDERLYING											
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):								
CERTIFICATION	reaulting in death) LAST											
DICAL	PART II. Other significant conditions cor		it not resulting i	n tha undariyi	ng cause given in	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
200	Cerebrovascular T	nrombosis				_ 1	YES 2	🔯 но		COMPLETION OF CAUSE OF DEATH?		
ME						_				1 TYES 2 NO		
PHYSICIAN: ME												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			PLACE OF DEATH (Ch	eck only one)						
SI		Inpatient 2 ER/Outpa	itient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Dother (S	pecify)					
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		JURY AT ORK?	28d. DESCR	BE HOW I	NJURY O	CCURED			
ВУБ	1 🖾 Natural 5 🗍 Pending. 2 🗍 Accident Investigation	(, 22),	3878		YES 2 NO							
	3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, atc. (Special	At home, farm, s	treet, factory, off	ce	28f. LOCATIO	ON (Street own, State)		er or Rural F	loute Number,		
COMPLETED	4 Homicide determined	surang, and jopos.	777			City or 7	own, otale)					
Ĺ	29e. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowle	dge, death occurre	d at the time, da	e end place, end due	to the causer	a) end mei	ner se st	ated.			
MP	(Check only one) 2 MEDICAL EXAMINER: On									end manner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER	77/	1									
BE	and of the state o	110	1 In	111	29c. LICENSE NUI	ブク	2			(Month, Day, Year)		
5	30, NAME AND ADDRESS OF PERSON WHO COL	7	7) ///	D-(-4)	1 10	100		<u> </u>	bV	uno 1990 MD 20902		
			1) T (HEM 27) (Type,	HOREF	210711 1	nan	1111	مرمها	701	I HID AREAS		
	WALTER E, GOO			HUKEF	1000 k	0111	WIT	61	INN	MIJOUL		
	31. DATE FILED (Month, Day, Year) JUN 19 '90	Julia Davidso	n-Aandell	-	•							



		Page	
		permit.	
46	physician	page 5 should be detached for use as the burial-transit permit	
3	ing	the	
6	bua	SS	
20	att	USe	
=	al or	ĮQ.	
Q	hospit	ached	-
¥	神	8	- 8
_	3	2	- 2
; MARYLAND 21203-3146	y be retained by the hospital or attending physicia	5 should	he malified of ones
-	y be	age	2

4

31. DATE FILED (Mo

BALTIMORE, MARYLAND 21203-3	24 hours after death. Page 6 may be retained by the hospital or attending	filled in by the funeral director, page 5 should be detached for use as the sion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						9	0 18343
	1 - STATE OF MARYLAN REGISTRAR		TMENT OF I		MENTAL HYGIEN REG. NO.	Ε ,	
	1. DECEDENT'S NAME (First, Middle, Last) Ruby Jane) Hay	don		2. DATE OF DEATH	V VF	3. TIME OF DEATH
	RUBY JANZ	nay	den		June 17		
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In y.	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Mary Land
	218-16-1676 10 M2 BF 65	YRS.	MONTHS DAYS	HOURS MIN.	11-2-2	4.	DOR, CO.
	9e. FACILITY NAME (If not institution, give etreet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATA	9c. COUNTY	OF DEATH
DIRECTOR	Glasgow Nursing Home		Cambr	idge		Dor	chester
EC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
E	Maryland Dorchester		Toddvi	lle			LIMITS?
	10e. STREET AND NUMBER		10	H. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
FUNERAL	N/A			21672			
W	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	e ADMED	42 WM 0 DE		NC ORIGIN? (Specify Yes	454	RACE — American Indien,
	1 Never Married 2 Married FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Mexica	n, Puerto Rican, etc.)	Or NO.	Black, White, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE	S'	1 TYE	S 2 NO Specify	r:		Specify: White
	15. DECEDENT'S EDUCATION 16	Se. DECEDENT'S	USUAL OCCUPAT	ION	166, KIND OF BU	INESS/INDUS	TRY
COMPLETED	(Specify only highest grade completed)	(Give kind of life. Do NOT u	work done during m	oat of working			
7	Elementary/Secondary (0-12) College (1-4 or 5 +)	Seaf	nT boo	dustry	Warker		
2	17. FATHER'S NAME (First, Middle, Last)	bear	.ood III	_	ME (First, Middle, Maiden	Sumame)	
	0			lul a service		SSIN	<u> </u>
BE	190. INFORMANT'S NAME (TrouPrint)	105 MAIL INC	ADDRESS (Street	and Number or Burst	Route Number, City or Tow		ofal .
9	Junius R. Henry, Jr.						•
				emetery, crematory or			Wa. 98433
	Muriei 2 ☐ Cremetion 3 ☐ Removal from State	ther place)					
	4 Donation 5 Other (Specify) DO	rchest		<u>orial P</u>		mbrid	ge, Md.
	21. SPURATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FA	Thoma	s Fun	eral Home
	Inh I fores		700	Locust	St. Camb.	ridge	, Md. 21613
	23. PARY I. Enter the diseases, or complications that caused the	he death. Do	not enter the m	ode of dying, suc	h as cerdiec or reap	ratory errest	Approximate
	ahock, or heert fellure. List only one cause on esci				- CHOO THE WING	504-4 15154	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	. 1	0 -1	2411/1			
	resulting in death)	ONSEQUENCE C	DE P	cynoce	<u> </u>		1) Min
	A Di pra	A CA AA C	Da . a	mi Ga	Min Sum	da Ba	· Ima
O	Sequentially list conditions, b. DUE TO (OR AS A CO	ONSEQUENCE O	-Ulugai	ma ou	eun 19m	won	a plan
A	If any, leading to immediate cause. Enter UNDERLYING		, 0		U		
임	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A Co	ONSEQUENCE O	DF);				
CERTIFICATION	resulting in death) LAST						
띵	d						
7	PART II. Other algnificant conditions contributing to deeth but	not resulting	in the underlyi	ng cause given in	Part I, 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
2					1 _ YES		COMPLETION OF CAUSE OF DEATH?
							1 TES 2 NO
2							
A	25, WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (C)	neck only one)		
Si	EXAMINER? 1 YES 2 NO 1 postlerit 2 EP/Outpati	last 1 □ 004	OTHER:		200		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 26a. DATE OF INJURY	28b, Til		IJURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED.
	1 Netural 6 Pending (Month, Day, Year)		JURY W	ORK?	Edd. DEGOTABE HOW		
ВУ	2 Accident investigation 3 Suicide 28e. PLACE OF INJURY —	At home form			28f, LOCATION (Street	and Number or	Dural Douds Mumber
0	3 Suicide 6 Could not be building, etc. (Specify,		and the second second		City or Town, State		
E	nac CENTRICED						
1PL	29e. CERTIFIER (Check only control of the best of my knowled)						
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of examination of	end/or Investigati	lon, in my opinion,	deeth occured at the	time, date and place, e	nd due to the d	cause(e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
BE (Mullet from	\		17277	73	1	17190
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	BUTTEM 27) (No	e, Print)	- you	-		

32. REGISTRAR'S SIGNATURE

Suna Savidson-Rondon

JUN 20 a for a management

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn and with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSP	TO THE FUNE	IMPORTANT

STATE OF MARYLAND	DEPARTMENT (DF.I	HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF	DEAT	Ή		REG. NO.

•	1 - STATE OF MARY	AND / DEPARTMENT OF I		ITAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	0211111107112 01	2. 0	DATE OF DEATH	3. TIME OF DEATH
	SOPHIE BLANCHE HALES			June 16, 1990	
		(In yrs. lest birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. D	ATE OF BIRTH 8. BII	RTHPLACE (State or Foreign
	2 16 = 18 = 5422 1 M 2 🗷 F 6		N C	v.16,1922 M	
e		· · · · · · · · · · · · · · · · · · ·	OR LOCATION OF DEATH	9c. COUNTY O	
2	1207 Southview Drive	Ar	napolis	Anne	Arundel
E C	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCA	TION		10d. INSIDE CITY
5	Maryland Anne Arundel	Annapo	olis		1 YES 2 NO
A	10e. STREET AND NUMBER		r. ZIP CODE	10g. CITIZEN O	F WHAT COUNTRY?
ER	1207 Southview Drive		21401	U.	S.A.
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER		CENDENT OF HISPANIC OF	RIGIN? (Specify Yea or No- 14. R	ACE — American Indien, leck, White, etc.
	1 Never Married 2 Married FORCES? 1 YES		pecify Cuben, Mexican, Pur S 2 X NO Specify:	Sı	pecify:
ВУ	3 Widowed 4-E Divorced				hite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUAL OCCUPAT: (Give kind of work done during m life. Do NOT use retired.)	ON ost of working	Baltimore	Y
E	Elamentary/Secondary (0-12) College (1-4 or 5+)			Gas & Elect	raio Co
₹	12	Customer Rela			TIC CO.
8	17. FATHER'S NAME (First, Middle, Last)		the second second	First, Middle, Maiden Surname)	
BE	William L. Hopkins		Neva La		
6	19a. INFORMANT'S NAME (Type/Print)	Committee of the commit		Number, City or Town, State, Zip Code,	AND DESCRIPTION OF THE PARTY OF
	Richard W. Hales	Db. PLACE OF DISPOSITION (Name of co		ve, Annapolis	
	1 - Burial 2 - Cremation 3 - Removal from Stata	other place)		Oriole	
	4 Donation 5 Other (Specify)	Oriole Cemet	ND ADDRESS OF FACILITY		, FID
	I all all I		or Funera		21401
_	Malor J. Jay 10	147	Gloucest	er St. Annaol	is. MD
	23. PART i. Enter the diseases, or complications that cause ahock, or heart failure. List only one cause on	ed the death. Do not enter the m each line.	Dde Df dying, such as	cardiac or reapiratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final				Onset and Death
	disease or condition resulting in deeth)	nces			
	DUE TO (OR AS	A CONSEQUENCE OF):			1
N	Sequentielly list conditions,				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):			į Į
5	CAUSE (Disease or injury C.	A CONSEQUENCE OF):			
E	resulting in death) LAST	The state of the s			
	d				
AL	PART ii. Other algnificant conditions contributing to deeth	but not resulting in the underlyi	ng cause given in Part	I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음				1 TYES 2 NO	OF DEATH?
ME					1 - YES 2 - NO
PHYSICIAN: MEDICAL					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	PLACE OF DEATH (Check o	nly one)	
XSI	1 U YES 2 NO 1 Inpatiant 2 ER/Ou	itpetient 3 DOA 4 Nursing Ho	me 5 Residence 8 🗆		
표	27. MANNER OF DEATH 28a. DATE OF INJUR (Month, Day, Year)) INJURY W	ORK?	I. DESCRIBE HOW INJURY OCCURE	P
B≺	2 Accident Investigation		YES 2 NO		
	3 Suicide a Could not be building, atc. (St	RY — At home, farm, street, factory, off pecify)	ica 28f	LOCATION (Street and Number or Ru City or Town, State)	irel Route Number,
E					
COMPLETED	29e. CERTIFIER (Check only one)				1
ŏ	2 MEDICAL EXAMINER: On the beals of examiner	tion and/or investigation, in my opinion,	death occured at the time	, date and place, and due to the cau	use(e) and manner as stated.
	29b, SIGNATURE AND TITLE OF CERTIFIER)		29c. LICENSE NUMBER	29d. DATE SIG	NEO (Month, Day, Ybar)
m l	290. SIGNATURE IND TITLE OF CERTIFIER		1 1 7 2/ 6/		
O BE	Victor Klan		058686	, 6/	18/90
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF			7 6/	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF VICTOR PLAUNET 1509	DEATH (ITEM 27) (Type, Print) Ridchie Huy.		id, MD. 21012	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF			id, MD. 21012	

. . . . W # W. . m - 5 'm

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be retained by the hospital or attending physician.

ours after death. Page 6 may

executed within BOX 13146,

death certificate be

law requires that the

The

HOSPITAL OR ATTENDING PHYSICIAN:

FUNERAL Within 72 h

THE

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P.0.

DIVISION OF VITAL RECORDS,

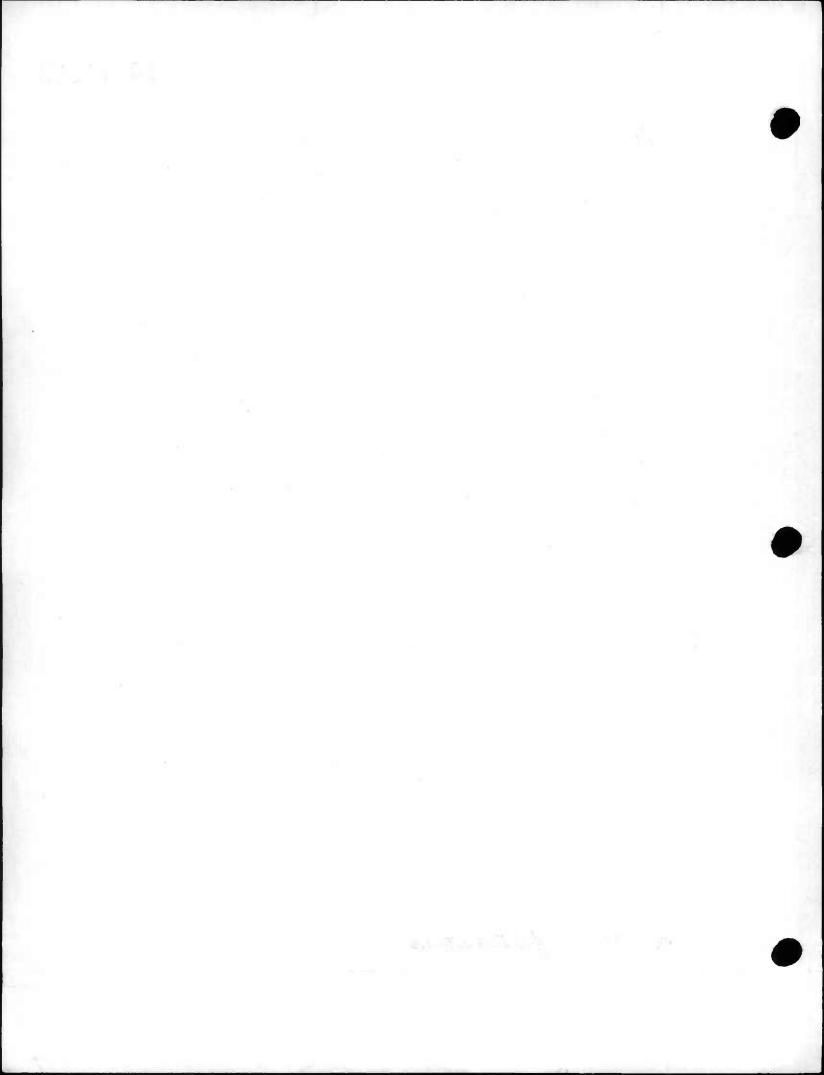
BALTIMORE, MARYLAND 21203-3146

å must examiner medicai traumatic event, the other 0 23 shows any Hem 0 marked,

BEG NO Virginia HARBAUGH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 40 55 bA49h 4 e 4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 215-20-9094 68 DAYS HOURS 1 M 2 F 1922 Maryland April 17 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Colton Villa Nursing Center Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington TX YES 2 NO Hagerstown 10e. STREET AND NUMBER FUNERAL 10/ ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 504½ Salem Avenue 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2. 2 X NO 1 Never Married 2 Merried 1 TYES 2 TO NO Specify: Specify: white BY 3 🔀 Widowed 4 🗌 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 0 sales department store 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Martin Mary K. Fryer 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald Harbaugh 1423 Virginia Ave., Hagerstown, Md. 21740 20e. METHOD OF DISPOSITION
1 ☆ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify) Rest Haven Cemetery Hagerstown, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MINNICH FUNERAL HOME DOOR unne 415 E. Wilson Blvd., Hagerstown, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **Onset end Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) CVA you DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE Malnutrilia 1 TYES 2 LING DF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 AO ing Home 5 - Residence 6 - Other (Specify) 4 Affursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

(Chank ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 開 VALXESTE , MD D 18019 6.19.90 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAGERSTOWN. VASANT DATTA 334 MILL ST MD 21740 MO The DEGISTMEN'S SIGNATURE
The Dundson-Mandage



STATE OF MARYLAND / DEPARTMENT OF HEALI	H AND	MENTAL	HYGIENE
CERTIFICATE OF DE	ATH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND NOF DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	James Stanto	n HART	/	Hart	2. DATE OF DEATH MONTH D. June 19,	1990 °	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-16-1794 9a. FACILITY NAME (If not institution, give st	1½ M 2 □ F 69	In yrs. last birthday) YRS.		F UNDER 24 HRS. WS HOURS MIN. WN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Dec. 22,	1920	BIRTHPLACE (State or Foreign Country) Maryland
TOR	Washington County				rstown	AIH	Washi	
DIRECTOR	10a. STATE 10b. COUNTY	nington		v, town on L Lear S ₁				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER 12617 Big Pool Ro	ad			101. ZIP CODE 21722		10g. CITIZEI USA	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Amarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yo	S DECENDENT OF HISPAN s, specify Cuben, Mexical YES 2 X NO Specify	n, Puerto Rican, atc.)		I. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT u	work done durir se retired.)	ng most of working	16b. KIND OF BU		
	8 17. FATHER'S NAME (First, Middle, Last) Arthur G. Hart	0	snippi	ing de	partment 18. MOTHER'S NA Mary Bea	ME (First, Middle, Maiden		ner Mfg.
TO BE	19a. INFORMANT'S NAME (Type/Print) Frances Hart			ame as	treet and Number or Rural I		vn, State, Zip Co	ode)
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetton 3 Remoted Donation 5 Other (Specify)	oval from State	other place)	s Cem		Cle		y or Town, Stata ing, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE - Min	me		NICH FUNERA E. Wilson		gersto	wn, Md. 21740
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. SCHE DUE TO (OH AS A	ach line.	foar	e mode of dying, such	APPROALSOLL OF	iratory arrea	tt, Approximate Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	NF):				
PHYSICIAN: MEDICAL (PART II. Other significant condition	ne contributing to death to			rfying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	petient 3 🗆 DOA	OTHER:	26. PLACE OF DEATH (Ch	VAL -51 KG S		
/ PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28	IC. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJURN building, etc. (Spe	f — At home, farm, clly)	street, factory	, office	26f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	one)	ICIAN: To the best of my know ER: On the basis of examination						I. cause(a) and manner as stated.
TO BE C		eo. Luny			29c. LICENSE NUI	MBER	29d. DATE 5	SIGNED (Month, Day, Year)
F		HO COMPLETED CAUSE OF DE		a, Print) DAK (till AVE.	HAGERS	Jown	. MO
	31. DATE FILED (Month, Day, Year)	Jr. REGISTIAR'S SIGN	- Aandell					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR		SIAIE UF N		ERTIF					TILIVIA:	REG. NO				
1. DECEDENT'S NAME (First, I									MONTE	OF DEATH	AY	YEAR	3. TIME OF DEA	
Vincent Cle	tus HA	WBECKER .	Jr.						Jun		1990		4:00	A
4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTI	HPLACE (State or F	oreign
215-34-3441		1 ☑ M 2 ☐ F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	ch 20,	193		aryland	
9e. FACILITY NAME (If not inst	itution, give et	reet and number)			9b. CITY	TOWN 0	R LOCATI	ON OF DE	ATH		9c. COL	INTY OF E	DEATH	
Washington		Hospita	1			Ha	gers	town			Wa	shin	gton	
RESIDENCE OF DECE	IOB. COUNTY			10c. CIT	Y. TOWN C	B LOCAT	ON						10d. INSIDE CIT	Y
.770 110 100		ngton		A400 1	agers								LIMITS?	
10e. STREET AND NUMBER	Wasiii	ington		11,	agers		ZIP COD	E			100 CI	TYZEN DE	WHAT COUNTRY?	KNO
Route 2, Box	x 28						1.740	_			15.0	SA	mixi oddinini	
11. MARITAL STATUS	20	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.			OF HISPAN	IIC ORIGIN	I? (Specify Ye			E — American Ind	len.
1 Never Married 2 Sh 3 Widowed 4 Divorce		FORCES? 1	YES 2			f yes, spe	city Cuba		n, Puarto I	Rican, etc.)		Blac Spec	ck, White, etc.	,
15, DECE	DENT'S EDUC	ATION	18e. I	DECEDENT'S	USUAL O	CCUPATIO	N		18b	. KIND OF BU	SINESS/IN	DUSTRY	-	
(Specify only Elementary/Secondary (0-1		College (1-4 or 8		(Give kind of life. Do NOT u	work done a retired.)	during mo:	it of workli	ng	11					
12	-'	0	"		mad	hin	ist				Mack	Tru	ck	
17. FATHER'S NAME (First, Mid	dle, Last)						16. MOT	HER'S NA	ME (First, I	Middle, Meiden				
Vincent C.	Hawbec	ker, Sr.						Eva	Tre	ssler				
19e. INFORMANT'S NAME (Ty)				19b. MAILING	ADDRES!	(Street a	nd Numbe	r or Rural I	Route Num	ber, City or Tow	vn, State, Z	ip Code)		•
Lodema Caro	l Hawb	ecker		Ro	ute 2	2, Bo	ox 2	8, H	ager	stown,	Md.	217	40	
200. METHOD OF DISPOSITIO		~	20b. PLAC	E OF DISPO	SITION (No	me of cen	netery, crer	matory or		20c. LC	OCATION -	- City or T	lown, State	
1 ☑ Buriel 2 ☐ Cremation 4 ☐ Donation 8 ☐ Other (ovat from State		oadfo	rding	Cer	nete	rv		H	lager	stow	n. Marv	an
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE/ -			22.	NAME AN	D ADDRE	SS OF FA						
1500	7/5	200		2	4.1	5 E	u ri Wi	lson	Blve	JML 1., Ha	gers	town	, Md. 21	740
IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in deeth) LAST	ons, lete	Maligno DUE TO	(OR AS A CONS	phoma seouence o	DF): 110: DF):		dgki	n's	type				Porset and Approx	eek
	-	d											+	
PART II. Other significer	t condition	a contributing to	death but no	t recuiting	In the u	nderlyin	cause	given in	Part I.	24a, WAS AI PERFO 1 YES	RMED?	24	Ib. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
25. WAS CASE REFERRED TO	MEOICAL					28. PI	ACE OF	DEATH (Ch	neck only o	ne)				
EXAMINER?		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE		• 5 🗆 A	lasidence	8 🗆 Othe	r (Specify)				
27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF		RK?		28d. DE	SCRIBE HOW	INJURY O	CCURED		
	ending restigation				M		YES 2 [NO						
	could not be setermined	28e. PLACE (building	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	tory, offic	•			CATION (Street or Town, State		er or Runa	I Route Number,	
CONSUM CHAY		CIAN: To the best of											e(e) and manner ea	stated
296. SIGNATURE AND TITLE	OF CERTIFIE	*					29c. LIC	ENSE NU	MBER		29d. D/	ATE SIGNE	ED (Month, Day, Yea	r)
derrol	(0)	871240	win					D010	062		▶Ju	ine 2	25, 1990	
30. NAME AND ADDRESS OF Edward W. Di	PERSON WH	O COMPLETED CAL	ISE OF DEATH((I			ingt	on S	tree	et. H	agersi	town.	Mar	cyland 2	174
31. DATE FILED (Month, Day,)		32. REGISTR							-, 1			,	- ,	
JUN 26 '90		gina vav	idson-yan	a en										

36 (...

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

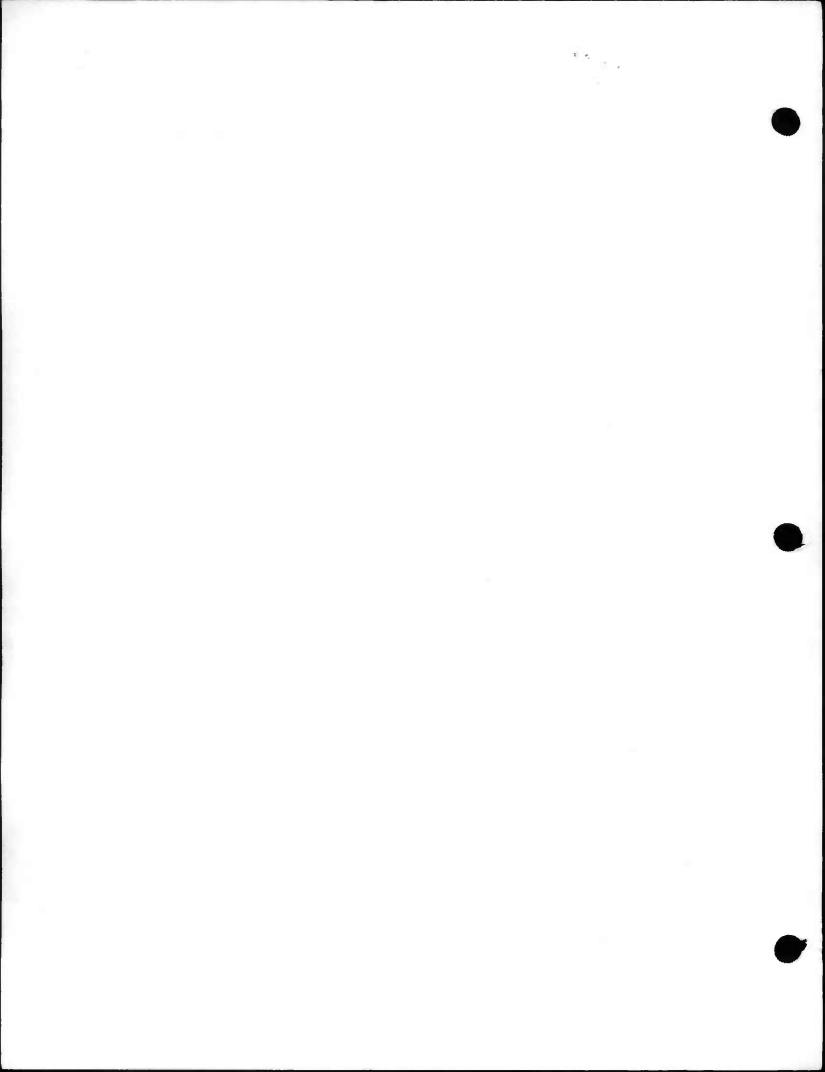
FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF	HEALTH AND DEATH	ND MEN	ITAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle,	Last)					DATE OF OEATH		YEAR	3. TIME OF OEATH
Eleano	r Albertine Ho	lden					990	TEAR	3:45 a M
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	IRS. 7. D	ATE OF BIRTH Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign y)
186 05 2315	1 □ M 2 □ F 76	YRS.			0c	t 21 191			enna
90. FACILITY NAME (If not institution, Kent and Queen	Annes Hospital	, Inc.	ob. CITY, TOWN Cheste		OF DEATH			nt of D	EATH
RESIDENCE OF DECEDEN									
10e. STATE 10b. CC			TOWN OR LOCA						10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Kent	Ве	tterto	1. ZIP CODE			40. 000	======================================	TXXYES 2 NO
115 1st Ave	ı .		"	21610			10g. CITI	USA	THAI COUNTRY?
11. MARITAL STATUS	12. WAS DECEOENT EVER IN	U.S. ARMEO	13. WAS DE		IISPANIC O	RIGIN? (Specify Yes o	or No-		American Indien.
1 Never Married 2 Merried 3 Widowed 4 Divorced	EODOGE 1 VEG	2 NO	If yes, s		fexican, Pu	erto Rican, etc.)		Spec/	American Indien, i, White, etc. fy: White
15. DECEDENT'S		16a. DECEDENT'S U	ISUAL OCCUPAT	ION		16b. KINO OF BUSII	NESS/IND	USTRY	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo life. Do NOT use House		ost of working		Home	3		
17. FATHER'S NAME (First, Middle, Las	st)			16 MOTHER	'S NAME /	irst, Middle, Maiden Si			
Cities & Home (First, Mildill), Las	Raymond Batzl	e		-		e Sewell	urraina)		
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street			Number, City or Town,	State, Zip	Code)	
Elaine Holden	(Daughter)	115	1st A	re. Be	etter	ton, Md.	216	610	
20e. METHOD OF OISPOSITION	Burial 20b.	PLACE OF OISPOSI	TION (Name of c	emetery, cremato	ry or	20c. LOCA	ATION —	City or To	wn, State
4 Donation Other (Specify)			Memo.	Garden	ı (6/	19/90) Pr	cospe	ectv:	ille, Pa.
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	0	22. NAME	ND ADDRESS	OF FACILIT	γ P.O.	. Box	v #	264
· + (1)	Wis Woll	10	J. W:	illis W	Vells				
	, or complications that caused		ot enter tha m	ode of dying	, euch aa				Approximata
immediate cause (Final	iure. Liet only ona ceuea on aa	ch iine.			_				Interval Between Onset and Death
disease or condition resulting in death)	Card.	as A	mitte	mes					7 day
Toouting in again,	OUE TO (OR AS A	CONSEQUENCE OF): /) /	1				71
Sequentially list conditions,	ra Myo	condia	el t	nfor	A)	culor			1 day
If any, leading to immediate cause. Enter UNDERLYING	OUE TO TOR AS A	CONSEQUENCE OF		Park		015	Ax	e and	,
CAUSE (Diseese or injury thet initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):	Cora	1000	wor	418	200	4
resulting in death) LAST									
DART II ON THE STATE OF	Aldress and the Alers of the State of the St								
PART II. Other significent con-	ditione contributing to deeth bu	it not resulting in	n tha undarlyl	ng ceuse give	en in Part	I. 24a. WAS AN A PERFORM		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 🗌 YES 2 🤄	₩O_		OF DEATH?
									1 TES 2 D-NO
25. WAS CASE REFERRED TO MEDIC	SAL .		-	N ACE OF SEC	TH OCK	=\$4 a=a}			
EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEAT					
27. MANNER OF DEATH	1 Inpatient 2 ER/Outpi	28b. TiME	4 Nursing Ho	JURY AT		Other (Specify) I. DESCRIBE HOW IN	JURY OC	CUREO	
Netural 5 Pending	(Month, Day, Year)	INJU	JRY V	YES 2 N					
2 Accident investigated as Could not be a could not	28e, PLACE OF INJURY	— At home, ferm, at	treet, factory, of	Ice	281	LOCATION (Street ar	nd Number	r or Rural i	Route Number,
4 Homicide determin		'97				City or Town, State)			
29e. CERTIFIER (Check only	PHYSICIAN: To the best of my knowle	edge, death occurre	d at the time, da	te and piece, er	nd due to th	ne cause(e) and menr	ner sa ata	ted.	
one) —	AMINER: On the basis of axamination	end/or investigation	n, in my opinion,	death occured	at the time	, date end place, end	due to th	he ceuse(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF COR	ATUFIER			29c. LICENS	E NUMBER		29d. DAT	E SIGNED	(Majith, Day, Year)
Juson (Mos my)		101	703	36)	611	4190
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF DEA		Was hi	mho	Are	Char	In to	me	4190 Me 2K 20
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE	-0 0	1					
JUN 15'90	Julia Davidsor	- Pandell							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burish transfer be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burish, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 2 5

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and large states of the function of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. INPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	E OF DEATH TH DAY	YEAR	3. TIME OF DEATH
Dorothy	T. Hil	liard		6	15	90	11:20Pm
4. SOCIAL SECURITY NUMBER	Ministration of the second	MON	UNDER 1 YEAR IF UNDER 2	MIN (MQI	E OF BIRTH oth, Day, Year)	Countr	
216-80-4661 99. FACILITY NAME (If not Institution, give st	1 🗆 M 2 🔀 F	81 YAS.			15/1908	Te	xas
and the second and the second		96.	CITY, TOWN OR LOCATION	N OF DEATH	1000		
Manor Care N.H	•		Wheaton		1 141	ontgo	meny
10a. STATE 10b. COUNTY			OWN OR LOCATION				10d. INSIDE CITY LIMITS?
	gomery		Bethesda				YES 2 NO
10e. STREET AND NUMBER	20.2		101. ZIP CODE	1	10g. C		WHAT COUNTRY?
5714 Kingswood	Rd.	II & ARMEO	208]		IN? (Specify Yea or No	U.S.	A - American Indien.
1 Never Merried 2 Married	FORCES? 1 YES	2 NO	Il yes, specify Cuban 1 ☐ YES 2 ☑ NO	, Mexican, Puarte		Speci	k, White, etc.
3 Widowed 4 Divorced		*		Gp50#J:		1	White
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL (Give kind of work	done during most of working		Bb. KIND OF BUSINESS/II	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	HOUSEWI			АТ НО	OME	
17. FATHER'S NAME (First, Middle, Last)	2*	HOOSEWI		EDIS NAME (Elec	AI III		
JAMES MARSH	ALL THOMPSON	1 × 5	16. MOTH	CARRIE (FIST	LEE DUFF		
19a, INFORMANT'S NAME (Type/Print)	ALLE THOMESON		DRESS (Street and Number of				
	LIARD	SA		- 11	,,,,		
20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITIO	ON (Name of cemetery, creme		20c. LOCATION -	- City or To	wn, State
1 Burlel 2 1 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) CHAMB	ERS CREMATO	RY	RIVE	ERDALI	E, MD.
21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRES	S OF FACILITY		100	20910
VALALIKA	mhull	M00091	W. W. CHA	MBERS (CO. TNC. S	STLVE	R SPRING, MD
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEDUENCE OF):	AR ARTHROSCLER	CCIDENT COTIC CI	EREBROV ASCULLA LISSE	JLAR I	Interval Between Onset and Death DIS . WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE
HTERTENSION 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE				DF DEATH? 1 YES 2 NO
1 TES 2 NO	1 Inpetient 2 I ER/Outpe		THER: Nursing Home 5 - Rea				
27. MANNER OF DEATH Netural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WORK?	11150	EŞCRIBE HOW INJURY (DCCURED	
2 Accident Investigation	24- DI ACE OF IN HIDY	At home form etc.	M 1 YES 2	1,00	DCATION (Street and Num	har as Burni	Boute Mumber
3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Speci	my)	et, lactory, office		ity or Town, State)	Der Or Hurar	House Number,
29e. CERTIFIER							
(Check only	ICIAN: To the best of my knowle ER: On the basis of examinetion						e) end menner ea stated.
2990 SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICE	NSE NUMBER	29d. 0	ATE SIGNE	D (Month, Day, Year)
Joel Kalma			DZ	036	7	61	6.90
JOEL KALMAN	OCCUPATION OF DEAL OF DEAL OF DEAL OF DEAL OF DEAL OF DEAL OF THE CONTROL OF THE	ATH (ITEM 27) (Type, PHILY	BOCKYILI BOCKYILI	Et Mr	n 20852 n	2	
31. DATE FILED (MOST) Day, Year)	32. REOUTHAR'S SIGNA	ATURE And DO					

14m · 22 . . W + 10 R

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

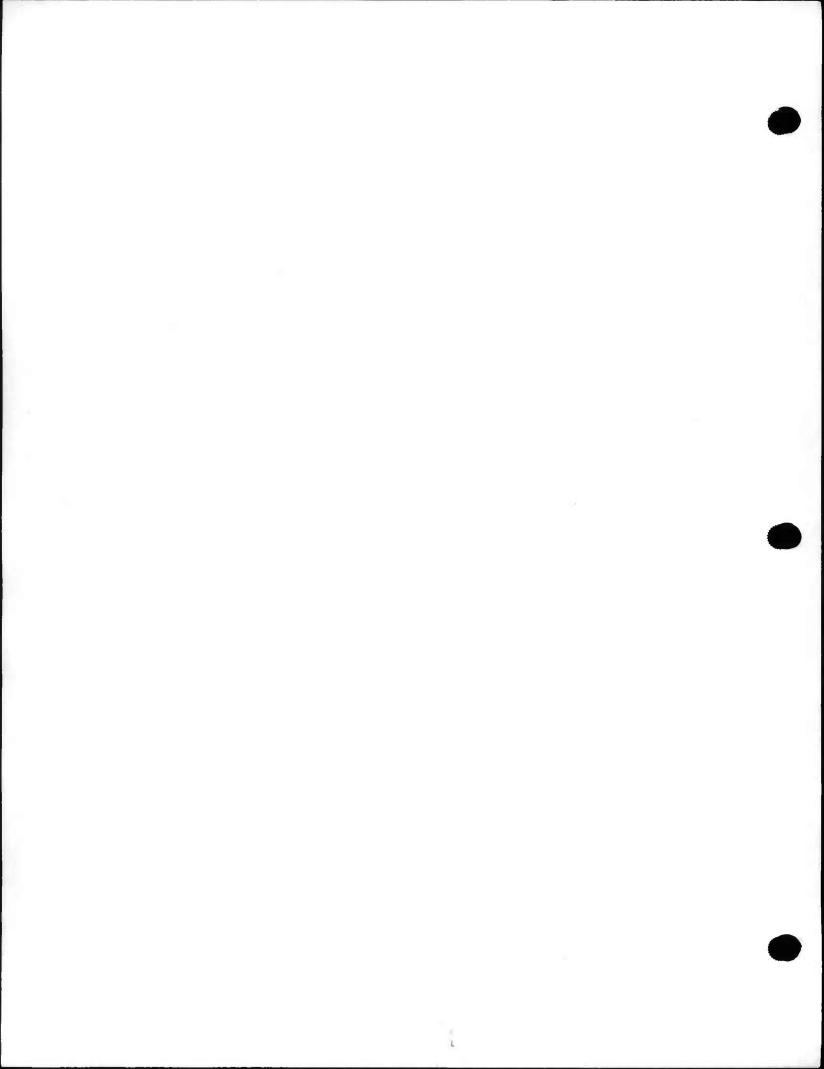
1		mit. Pages 1.	7	/
	2	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit permit. Page 10 THE FUNERAL DIRECTOR:	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE C	F DEATH		REG. NO.		
1. OECEOENT'S NAME (First, Middle, Last)					2. OAT	TE OF DEATH	Y YEAF	3. TIME OF DEATH
	EY J. HORNING				0			11 55P M
4. SOCIAL SECURITY NUMBER 119-14-8239	5. SEX 6. AGE (F UNDER 1 YE		IN. Aug	ust 25,	Cor	RTHPLACE (State or Foreign untry) New York
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION	OF DEATH		9c. COUNTY OF	FDEATH
PRINCE GEORGE'S H		-	CHEVE				PRINC	E GEORGE'S
Maryland Princ	ce George's	Chev	erly	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2414 59th Place				101. ZIP CODE 2078	35		10g. CITIZEN O	A.
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT OF H s, specify Cuban, in YES 2 NO	laxican, Puart	GIN? (Specify Yea to Rican, etc.)	8	ACE — American Indian, lack, Whita, atc. pecify: White
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S U	SUAL OCCU	PATION og most of working	1	6b. KIND OF BUS	BINESS/INDUSTR	Y
12th Grade	College (1-4 or 5+) None	Housewi				Own H	ome	
17. FATHER'S NAME (First, Middle, Last) Borden A. Skiff						t, Middle, Maiden	Surname)	
					M. Co			
19a. INFORMANT'S NAME (Type/Print) Lee J. Horning (S	pouse)			reet and Number or ace, Che				, 785
20a. METHOD OF DISPOSITION	200	b. PLACE OF DISPOSI	TION (Name o	of cemetery cremeto	ny or	_	CATION — City of	
1 Buriet 2 Tr Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	Metropoli	tan C	rematory	•			, Virginia
21, SIGNATURE OF FUHERAL SERVICES	July Marie	20	Frai	ncis Gas	ch's S	Sons Fu	neral H	ome, P.A. e. Md. 20781
23. PART I. Enter the diseases, or	complications that ceuse	d the death. Do no						Approximate
ellock, or heart fallure IMMEDIATE CAUSE (Final	b. List only one cause on a	each line.				·		Interval Between Onsat and Death
disease or condition resulting in death)	Dehr	dratio	01					1000 1000 1000
resulting in udatily	DUE TO (OR AS	A CONSEQUENCE OF	:					
Sequentially list conditions,	b	A CONSEQUENCE OF						
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS I	A CONSEQUENCE OF	•					į
CAUSE (Disease or injury that initiated events	C. OUE TO (OR AS	A CONSEQUENCE OF	:					
resulting in death) LAST	d							
PART ii. Other significant condition	ons Contributing to death (but not resulting in	tha unda	riving cause giv	en in Part i.	24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	Hed Des-					PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
04	mic B-c	in Sy		ome		1 PTES 2	NO NO	OF DEATH? 1 ☐ YES 2 ☐ NO
		,					i	TE TE TE
25. WAS CASE REFERRED TO MEDICAL		17		26. PLACE OF OEA	TH (Check only	r one)		
EXAMINER? 1 YES 2 NO	1 ☐ Inpatient 2 FeR/Out		OTHER: 4 Nursing	Home 5 Rasid	r lence 8 🗆 O	ther (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY	c. INJURY AT WORK?		DESCRIBE HOW I	NJURY OCCURE	D
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e PLACE OF INJUR	Y — At home, farm, st	treet, factory,	office	281. L	OCATION (Street City or Town, State)	and Number or Ru	ral Route Number,
290. CERTIFIER	/SICIAN: To the best of my know	wladge death genume	d at the time	data and place as	nd due to the	sauss/s) and ma	near an eleted	· · · · · · · · · · · · · · · · · · ·
CONSUM OTHY	NER: On the beals of examination							ise(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTRY	46	A, M.	5	0:	SE NUMBER	3 /	▶ 7	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	EATH (ITUM 27) (Туре,	Print)	2500	Gree	egina	y Cat	· D.
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE .	1. D.	3-601	1601	14 Ma	. 20	770
JUN 15 '90	Likia Davidson-1							
	THE THE PARTY OF	Man and a second						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2= four state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

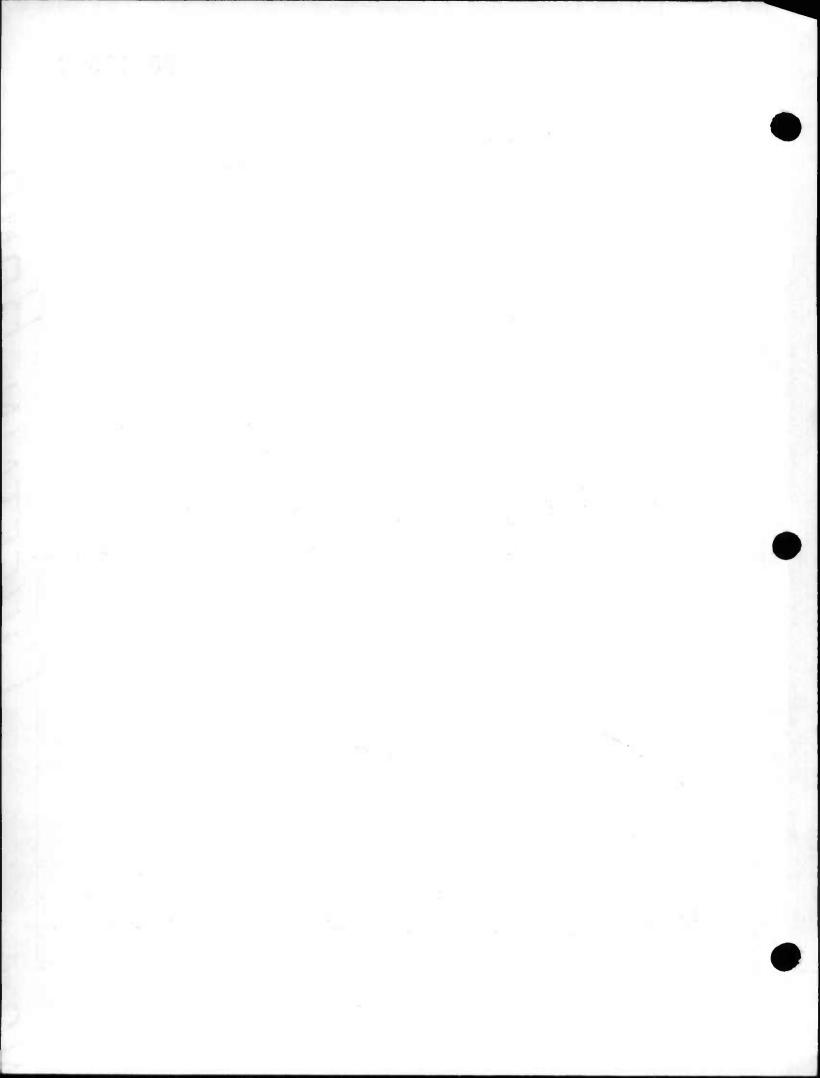
1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND P	MENTAL HYGIEN REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last) Elizobeth 4. SOLIAL SECURITY NUMBER 25	DORA E. Hayes	HAYES	DO R	IF UNDER 24 HRS.	2. DATE OF DEATHO	YEAF 90 8. BIF	TTNPLACE (State or Foreign	
R	24 (890 Z5 1 M 2 X) F 58 YRS. WONTHS DATS HOUNS MIN. 10 - 01-31 90. FACILITY NAME (# oct Institution pive street and house) TAT. 90. CITY, TOWN OR LOCATION OF DEATH 90. CO						9c. COUNTY OF	CAROLINA F DEATH CE GEORGES	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	PRINCE GEORGE	S 10c. CIT	RIADENS		1	2212210	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 5804 ANNAPOLIS RD.			10	20710)	U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		2 200	If yes, ap	endent of NISPAN ecity Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	a or No- 14. RACE — American Indian, March, RT ACK		
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)					16b. KIND OF BUS	SINESS/INDUSTRY	Y	
COMPL	17. FATHER'S NAME (First, Middle, Last)		11011		18. MOTHER'S NA	ME (First, Middle, Maiden			
BE C	HOWARD	DULA			VELZ	TE MAE	MI	CHAUX	
10 8	19a. INFORMANT'S NAME (Type/Print)		-171 2000			Route Number, City or Tow	n, State, Zip Code)		
	NATHANIEL W. H.					10	CATION	- Y	
	20b. PLACE OF DISPOSITION 1 Name of cemetery, crematory or 1 Name								
	MOOO91 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23. PART I. Enter the diseases, pr complications that caused the deeth, Dp not enter the mode of dying, such as cerdiac pr respiratory arrest, Approximate								
		List only one cause on e		-	or dynig, ado	ii aa carataa ah roop	, arrows,	Interval Between Onset and Deati	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Hypintrum Serious probably 1 yes 2 PNO 246. WAS AN AUTOPSY PERFORMED? 1 yes 2 PNO 1 yes 2 PNO 1 yes 2 PNO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL	Cerare, of a	u ne	26. P	LACE OF DEATH (CI	neck only one)			
SICI	1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing No	ne 5 🗆 Residence	6 Other (Specify)			
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d, DESCRIBE NOW	INJURY OCCURED	D	
TED	2 Accident Investigation 3 Suicide 6 Could not be determined	284 DI ACE DE IN HID		street, factory, offi	C0	281. LOCATION (Street City or Town, State		ral Route Number,	
COMPLE	const. only	SICIAN: To the best of my know						se(a) and manner as stated.	
BE	250. SIGNATURE AND TITLE OF CENTIFIC	ade and		120	29c. LICENSE NU	MBER F7 Y	29d. DATE SIG	NED (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	# 2100	ROBI		RMAN M.D.	20	737	
	31. DATE FILED WORTH, Day, Year 1	32. REGISTRAR'S SIG		00		7	,		

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a find within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certifical	IMPORTANT: If item 28 is marked, or ite

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Las	Carl Heinmu				2. DATE OF DEATH	1990	
	4. SOCIAL SECURITY NUMBER 212-03-3232	1 🔀 M 2 🗆 F	82 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-2-07	M.	RTHPLACE (State or Foreign punity) ARYLAND
TOR	98. FACILITY NAME (If not institution, given NATIONAL LUTH		91		R LOCATION OF DE	ATH	9c. COUNTY C	TGOMERY CO.
DIRECTOR	10a. STATE 10b. COU	106. COUNTY MONTGOMERY CO. 10c. CITY, TOWN OR LOCATION ROCKVILLE						10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO}\)
FUNERAL	9701 - VEIRS	DRIVE		101	20850		10g. CITIZEN US	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE YES, GIVE WAR OR NOT AVAIL	S 2 NO DATES	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:			RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gr Etementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during mo stired.)	st of working	166. KIND OF BU	SINESS/INDUSTR	
BE COMF	17. FATHER'S NAME (First, Middle, Last) CARL HEIN	-			18. MOTHER'S NAM	ME (First, Middle, Maiden		
10 8	198. INFORMANT'S NAME (Type/Print) MR. DAVID HEIN		7848-C	INDY	DR.,GLE	oute Number, City or Tow N BURNII	E,MD.	21061
	20e. METHOD of DISPOSITION 1 Burlai 2 Cremation 3 Removat from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 20b. PLACE OF DISPOSITION (Name of cemetary, cramatory or other place) METROPOLITAN CREMATORY—ALEXAN							
	23. PART I. Enter the diseases, of	MARIA		H	YSONG C	O., INC.	VASH.	D.C.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):					Interval Batween Onset and Death X X X X X X X X X X X X X
PHYSICIAN: MEDICAL	PART II. Other significant condit	ions contributing to death	but not resulting in	the undariyin	g causa given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRIED MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER	ACE OF DEATH (Che			
ВУ РН	27. MANNER OF DEATH 1 Partial 5 Pending 2 Accident trivestigation	28a. DATE OF INJUR (Month, Day, Year		Y WC	URY AT RK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
	2 Accident 3 Suicide 6 Could not be building, atc. (Specify) 26s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	cost -	IYSICIAN: To the best of my kn IINER: On the beals of examina						use(a) and manner as stated.
TO BE C	2991. SERVATURE AND TITLE OF CHITTE	Looly	he	4	29c. LICENSE NUM D1 045	IBER .	P 6	Month, Day, Year)
	AG LOATE FILED (Month, Day, Year)	OO E 32. REGISTRAT'S SI	MM 1790	34G	ed Porik	Alexen	Olay	Md tes 2
	JIN 1 x '9	Julia A	widows Brade	00				





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		certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		BY
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F VIIAL RECORDS, P.O. DOA 13140,	ertificate	ng phys	giene p	other
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>	SICIAN	certifi	th the S	d. or
INISION OF	NG PHY	fter this	eath wit	marke
20	TENDI	TOR: A	after de	28 ls
2	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Just after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL OIRECTOR: After this of	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. CLEARED & RELEASED BY DI
	OSPITAL	INERAL	1thin 72	VAITE IF
	THE H	THEF	filed w	PORTA
	2	2	2	3

Σ.	•	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF DEATH REG. NO.								
MAYLE		1. DECEDENT'S NAME (First, Middle, Lest) MAROIE HOITZMAN 2. DATE OF DEATH MONTH DAY VEAR 7:10/AM								
DR.		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) if under 1 YEAR if under 24 HRS. NONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) County) NEW YORK								
BY IOR		96. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH 90. COUNTY OF DEATH MONTGOMERY RESIDENCE OF DECEMENT								
RELEASED BY		106, STATE 10B, COUNTY 10C, CITY, TOWN OR LOCATION 10C, LIMITS? 10M D MONTGOMERY $BETHESGA$ 1 M YES 2 \square NO								
RELE		106. STREET AND NUMBER 6905 NEVIS ROAD 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? U.S.A.								
ED & R	- 41	11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Widowed 4 Divorced 1 Nover Married 2 Married 3 Divorced 1 Nover Married 2 Married 3 Nover Married 3 Nover Married 4 Married 3 Nover Married 4 Nover Married 5 Nover Married 5 Nover Married 5 Nover Married 5 Nover Married 6 Nover Married 7 Nover Married 7 Nover Married 7 Nover Married 7 Nover Married 7 Nover Married 8 Nover Married 7 Nover Married 8 Nover Married 8 Nover Married 8 Nover Married 9 Nove								
LEAR		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY								
0		12 HOMEMAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								
at once.	- 11	17. FATHER'S NAME (First, Middle, Last) SAM GOLDMAN 18. MOTHER'S NAME (First, Middle, Malden Surname) EMMA HOLLANDER								
TO BE		19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
De no		MICHAEL HALPERIN (GRANDSON) 9225 BRENTRIDGE AVE., POTOMAC, MD 20854								
must		20c. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cornetery, cremetory or 1XX Burlel 2 Cremetors 3 Temporal from State 4 Donation 5 Other place) KING DAVID MEMORIAL GARDEN FALLS CHURCH, VIRGINIA								
iner		21. SIGNATURE OF FUNETAL APPRICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
examiner		DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852								
event, the medical		23. PART i. Eryst the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart sidure. List only one cause on each lins. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. Acute Covokary Occlusion But TO (OR AS A CONSEQUENCE OF):								
or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST but to (on as a consequence of): but to (on as a consequence of): cay die Vasculay Disease but to (on as a consequence of): cay die Vasculay Disease but to (on as a consequence of): cay die Vasculay Disease d.								
y injury,		PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO								
hows any		1 YES 2 NO								
ed, or Item 23 s PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
y Si		1 FES 2 NO TE leased 1 Inpetient 2 ER/Outpetient 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify) West wood md								
marked, BY PH		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 286. DATE OF INJURY 286. TIME OF INJURY WORK? 1 YES 2 NO 1 YES 2 NO								
n 28 is m	Э.	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
IMPORTANT: If Item 28		29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
IMPORTA TO BE		296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIONED (Morith, Day, Year) \$\int \text{30. Name and address of person who completed cause of peath of the \$270 (No. Print)} 30. Name and address of person who completed cause of peath of the \$270 (No. Print)								
, [Gilbert Hurwitz, m.D 1800 Eye ST. M.W. Wash. DC. 20006 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE								
		JUN 18 '90 Gichia Savidson-Randale.								

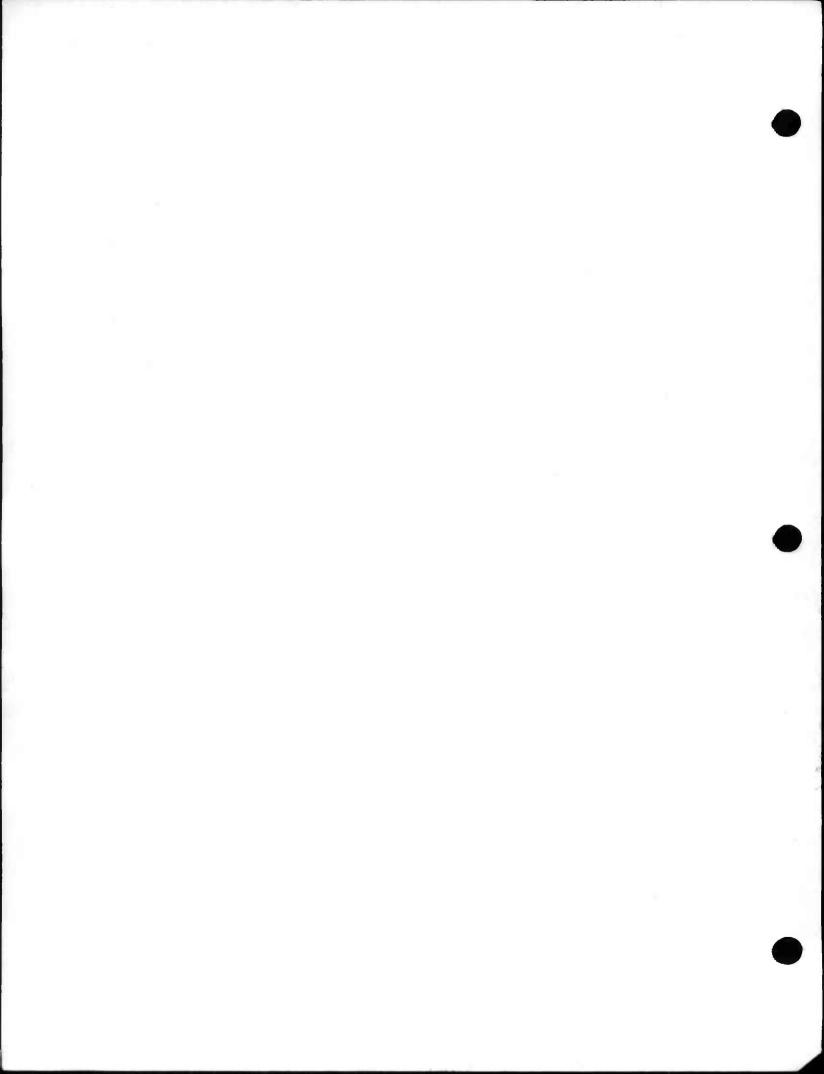
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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF HI	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Margaret B. +	Last)					3. TIME OF DEATH
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8.6	BIRTHPLACE (State or Foreign
	579-60-8387 1 🗆 M 2 🕮 10)2 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 20.		assachusetts
	9s. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN O	R LOCATION OF DI		9c. COUNTY	
DIRECTOR	Suburban Hospital		Bethesd	la		Montgo	omery
E	RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY	10c, CI1	Y, TOWN OR LOCATI	ON			10d. INSIDE CITY
H	None None	Was	shington,	D.C.			LIMITS?
AL	10e. STREET AND NUMBER		10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	4801 Connecticut Avenue #30			80008		USA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	2 2 NO	If yes, spe	ENDENT OF HISPAI ecify Cuben, Mexica 2 ANO Specif	NIC ORIGIN? (Specify Ye an, Pusrto Ricen, etc.) jy:	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
ED E	15. OECEDENT'S EDUCATION		USUAL OCCUPATION		16b, KIND OF BU	ISINESS/INDUST	
Ë	(Specify only highest grade completed) Elsmentary/Secondary (0-12) Collegs (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mos ise retired.)	st of working			
COMPLET	12	Secreta	ary		U.	S. GOVI	ERNMENT
S	17. FATHER'S NAME (First, Middle, Leat) Michael Herrity				AME (First, Middle, Maider		
BE	19s. INFORMANT'S NAME (Type/Print)	T 40b MANUAN	ADDRESS (Complete)		Jane Bole Route Number, City or Tox		dol
2	Michael F. Keesee				m,N.Y. 105		ue)
	20et METHOD OF DISPOSITION 2	0b. PLACE OF DISPO				OCATION — City	or Town, Stats
	1 □ Suriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	t. Olivet	Cemeter	'y	Wa	shingto	on, D.C.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA		F	1 Home
	I Selevalle Ostara		2222	Wiscons	in Ave., N.	W.,Wash	nington, D.C.
	23. PART i. Enter the diseases, pr complications that caus shock, pr heart failure. List only one cause on		not antar the mod	da of dying, aud	ch aa cardiac Dr reap	piretory arrest	intarvai Between
	iMMEDIATE CAUSE (Final disease or condition	/	+ 1.	1			Onset and Death
	resulting in death) a			unce			
Z	Sequentially list conditions, Due TO (OR AS	faile	ne				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE O) ₽):				
윤	CAUSE (Disease or Injury C.	A CONSEQUENCE	ONSEQUENCE OF):				
FF	reaulting in death) LAST						
	PART ii. Other significant conditions contributing to death	but not resulting	in the undarlying	cause given in			24b. WERE AUTOPSY FINDINGS
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MEDIC							1 TES 2 NO
Z							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (C			
HXS	1 ☐ YES 2 ☑ NO 1 ☑ Inpettent 2 ☐ ER/Ou 27. MANNER OF DEATH 28s. DATE OF INJUR	Y 28b. TI	ME OF 28c. INJI	URY AT	a Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RED
BY P	1 Netural 5 Pending (Month, Day, Year) 11		RK7 YES 2 NO			
	2 Accident investigation 3 Suicide a Could not be detarmined 28s. PLACE OF INJU building, etc. (S)		street, factory, office	•	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kind one) 2 MEDICAL EXAMINER: On the best of examinating						
	29b. SIGNATURE AND TITLE OF CERTIFIER	10		29c. LICENSE NU	IMBER	29d. DATE S	IGNED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Tvz	e. Print)	1-2	0297	> 6	-5-90
ľ	James H. Brodsky mo	1701 W	illard A	tue (Chery Ch	are l	ud 20815
	31. DATE FILED (Month, Day, Year) JUN 1 8 '90 32. REGISTRAR'S SIGNAL J	avidson-Ran	2.00		•		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the h	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	and persons to the marked on them 22 chains and interest or other trainmatic event the medical available much he notified at one
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TAL	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu se filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	20 %
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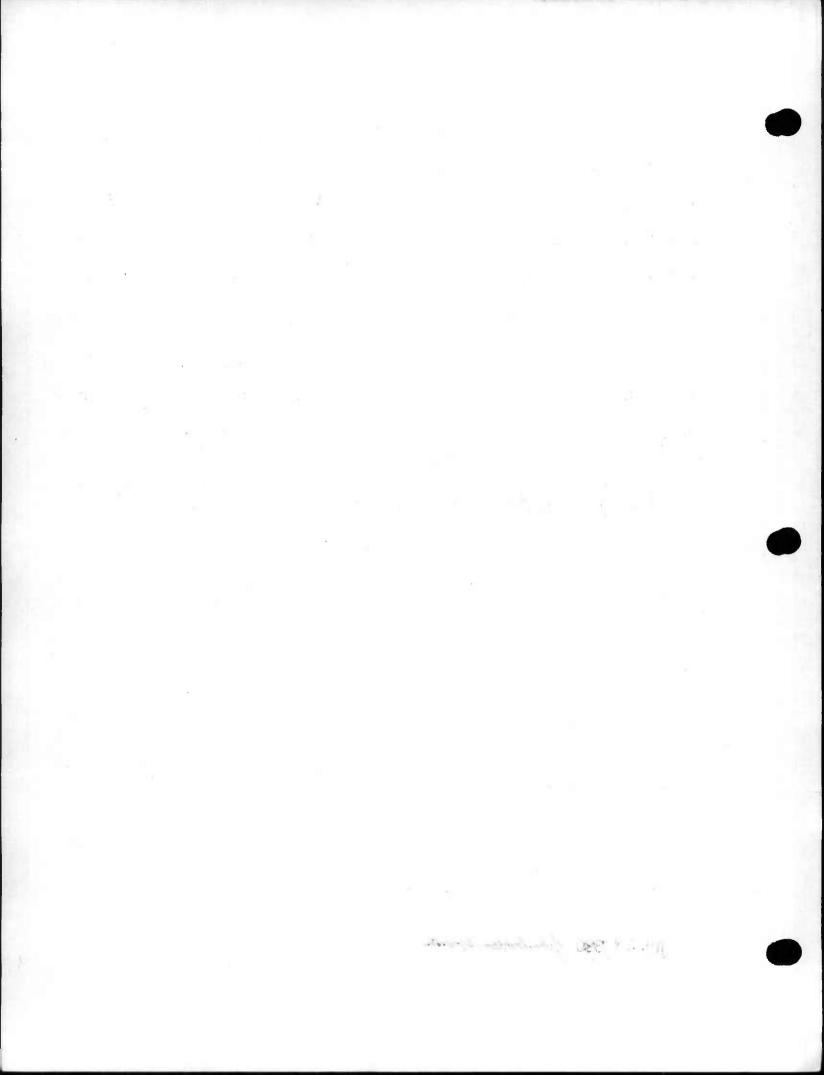
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	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	40	-18355
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	y 45	3. TIME OF DEATH
	Roy Clifton Ha	awse			06 25		0 14:05 M
		VV		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 01-10-1920		BIRTHPLACE (State or Foreign Country) MD
	9e. FACILITY NAME (If not institution, give street		1	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH
DIRECTOR	Sacred Heart	Hospital		Cumberland		A11	egany
EG	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
뜸	MD Allega	nv	Cramb	perland			LIMITS?
AL	10e. STREET AND NUMBER			101. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	233 Elder Street			21502		USA	
5		12. WAS DECEDENT EVE FORCES? .L. X Y		13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic		or No- 14.	RACE — American Indien, Black, White, etc.
BY	1 Never Merried XX Merried 3 Wildowed 4 Olivorced	FORCES? Y	R DATES WW II	1 TES NO Spec			Specify:
	15. DECEOENT'S EDUCA	TION	16a. DECEDENT'S US	REAL OCCUPATION	16b, KIND OF BUS	INFSS/INCUST	white
	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of wo	rk done during most of working retired.)	loc. Kind of Boo	MILEO S. 1110001	
P	12	College (1-1 of 3+)	lieut.p	olice superv.	City of	Cimbor	land
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 22040.0		AME (First, Middle, Malden		Tranic
BE C	Curtis A. Hawse			Hattie	Boone		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rura	Route Number, City or Town	n, State, Zip Cod	io)
-	Mrs. Dorothy Haws	<u>e</u>		er Street Cumb			
	20a. METHOO OF DISPOSITION CXIC Buriel 2 Cremation 3 Remove	ral from State	other place)	Name of cemetery, crematory or		CATION — City	
	4 Donation 5 Other (Specify)	Nece	Rocky Gap	Veterans Cemete	ery Flin	tstone	MD
		11-	11.	Scarpelli Fur			
- 4	19nob 7	X Cayo	ılli	Cumberland, M			
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis			t antar the mode of dying, au	ch aa cardiac or reepi	ratory errest,	Approximate Interval Between
	hock, or heart fellure. Lis			t antar the mode of dying, au	ch as cardiac or reepi	ratory errest,	
	shock, or heart fellure. Li	lst only one cause o	carleil	Anto	ch aa cardiac or reepi	ratory errest,	Interval Between
	inock, or heart fellure. Listing immediate CAUSE (Final disease or condition	lst only one cause o		Anto	ch aa cardiac or reepi	ratory errest,	Interval Between
ION	immediate cause (Final disease or condition reaulting in deeth) Sequentially list conditions,	OUE TO OA	carleil	frete	ch aa cardiac or reepi	ratory errest,	Interval Between
CATION	immediate cause. End to immediate cause. Enter UNDERLYING	OUE TO OA	AS A CONSEQUENCE OF):	frete	ch aa cardiac or reepi	ratory errest,	Interval Between
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evente reaulting in daeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	OUE TO (OR /	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: Outpatient 3 PADOA Outpatient 3 PADOA Outpatient 2 PADOA Outpatient 2 PADOA Outpatient 2 PADOA Outpatient 2 PADOA Outpatient 3 PADOA Outpatient 2 PADOA Outpatient 3 PADOA Outpatient 3 PADOA Outpatient 3 PADOA Outpatient 3 PADOA Outpatient 3 PADOA	26. PLACE OF DEATH (COTHER: Nursing Home 5 Rasidence OF 28c. INJURY AT WORK?	n Part I. 24a. WAS AN PERFOF 1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.
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1 ENDING PHYSICIAN: THE TAW requires that the death certificate be executed within 24 hours are really region may be retained by the hospital of altending physician.	the funera	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR ALIE	DIRECTOR hours after	Item 28
THE HOSPITAL	THE FUNERAL filed within 72	PORTANT: If
2	23	W.
	1 -	e l

1. DECEDENT'S NAME (First,	Middle, Last)							OF DEATH			3. TIME OF DEATH
		JUNIOR	ADAI	M I	HETZ		Jun		AY 19	990	Est.2:00 a
4. SOCIAL SECURITY NUMBE	ER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEA	1		OF BIRTH		8. BIRT	HPLACE (State or Foreign
218-30-242	5	1 📉 M 2 🗆 F	58	YRS.	MONTHS DAY	S HOURS MIN.		h, Day, Year) /1932		Coun	aryland
9a. FACILITY NAME (If not ins		treet and number)			9b. CITY, TOW	N OR LOCATION OF		,		NTY OF	
Route 2. B	ox 12	2			Grant	sville,			G	arr	ett
RESIDENCE OF DEC	EDENT									ull	
10a. STATE 10b. COUNTY				TY, TOWN OR LO						10d. INSIDE CITY LIMITS?	
Maryland	Gar	rett		G:	rantsv				_		1 YES 2 NO
100. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
Route 2, B	ox	123					<u> 1536</u>			USA	
11. MARITAL STATUS 1 Never Married 2 1	Marriad		YES 2		If yes	DECENDENT OF HISP apacity Cuban, Maxi-	en, Puarto		a or No		E — American Indian, ck, Whita, atc.
3 Widowed 4 Divor		Korean	MAR OR DATES	iat	10	res 2 X NO Spec	ffy:			Spec	White
15. DECE	EDENT'S EDU	CATION			USUAL OCCUP	ATION	161	. KIND OF BU	ISINESS/INI	DUSTRY	WILLCE
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	- 4	(Give kind of ife. Do NOT u	work done during se retired.)	most of working					
12th	-/	College (1-4 c) S	"	Ste	ward		A	meric	an 1	eni	on
17. FATHER'S NAME (First, Mic	iddle, Last)			200		18. MOTHER'S					
Henry Hetz						Marie	Jon	es			
19a. INFORMANT'S NAME (Ty			- 1	19b. MAILING	G ADDRESS (Stre	et and Number or Rura			vn, State, Zij	o Code)	
Floyd Hetz			,	Rout.	2 7 E	ox 15B:	Cra	nterri	110	ME	21536
20a. METHOD OF DISPOSITION			20b. PLAC	E OF DISPO		cemetery, crematory of			CATION -		
1 X Burial 2 Cremetion 4 Donation 5 Other		oval from Stata		i son	Cemet	erv		Ad	disc	n.	PΔ
21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	- Inaa.	LSOIT	1 Cemetery Addison, PA					IA	
21. BIGNATURE OF FUNERAL SERVICE LICENSEE					Newman Funeral Homes, P.A.						
V. I	-	8 bun			New	man Fun	eral				
W. Ja	ms	1 kus	naw		New	man Fun Main S	eral tree	t; Gr	ants	vil	
23. PART I. Enter the disabook, or he		complications the			New	man Fun Main S	eral tree	t; Gr	ants	vil	Approximate
ahock, or he IMMEDIATE CAUSE (Fin	eart fallure.	List only one ca	use on each ili	ne.	New 155 not anter tha	man Fun Main S	eral tree	t; Gr	ants	vil	Approximate Interval Betwo Onset end De
ahock, or he	eart fallure.	Ischer	use on each He nic Hear	rt Di	New 155 not anter tha	man Fun Main S	eral tree	t; Gr	ants	vil	Approximate Interval Betw Onset end De
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the The Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest) GRACE C HUNTINGTON 2. QATE OF DEATH JUNE 13, 1990 YEAR 10:20 A M								
	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (In yrs. lest birthdey) 92 YRS. 6. AGE (In yrs. lest birthdey) 1								
OR	90. FACILITY NAME (If not Institution, give atreet and number) Magnolia Hall Nursing Center 9b. CITY, TOWN OR LOCATION OF DEATH Chestertown 9c. COUNTY OF OEATH Kent								
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE								
FUNERAL I	100. STREET AND NUMBER Colonial Manor Apt. Morgnec Road 101. ZIP CODE 21620 USA								
BY FUN	11. MARITAL STATUS Widowed 1 Never Merried 1 Never Merried 1 Never Merried 2 Merried 1 PES, GIVE WAR OR DATES NO 13. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: NO 14. RACE — American Indian, Black, White, etc. Specify White								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 2 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Public School								
BE COM	17. FATHER'S NAME (First, Middle, Lest) William Crocker 18. MOTHER'S NAME (First, Middle, Melden Surneme) Carrie Wheaton								
10 6	John C. Huntington (Jr) 190. MAILING ADDRESS (Street and Number or Rural Route Number; City or Yown, Stete, Zip Code) Rte # 3 Box # 355 Chestertown, Md. 21620								
	20c. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removed from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Arlington National Cemetery (6/18/90) Arlington, Va.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 164 J. Willis Wells Chestertown, Md. 21620								
	23. PART / Entar tha diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Chronic obstructive pulmonary disease DUE TO (OR AS A CONSEQUENCE OF):								
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Coronary heart disease DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST C. Due TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 — YES 2 S NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
	1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
ву Рну	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Dey, Year) 280. TIME OF INJURY WORK? 1 Netural 5 Pending Investigation 280. DATE OF INJURY (Month, Dey, Year) 1 Tyes 2 NO								
8	3 Suicide 8 Could not be determined 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
TO BE	296. SIGNATURE AND LITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. Dol 250 6-13-90								
ja .	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Robert W. Farr, M.D., Chestertown, MD 21620								
20	Robert W. Farr, M.D., Chestertown, MD 21620 31. DATE FILED (Month, Day, 1961) 32. REGISTRAR'S SIGNATURE Julia Navidson-Randelle								

and the second

AN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	t, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buri	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic

					90	18358			
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTI	RTMENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E	10000			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH			
	Raymond E/	wood Hollis		June 7	1990	2:40 P.			
100	4. SOCIAL SECURITY NUMBER 220 - 26 -41 19	5. SEX 6. AGE (In yrs. lest birthde) 1 M 2 F YRS.	MONTHS DAVE HOURS MIN	7. DATE OF BIRTH (Month, Day, Year)		LACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give a		9b. CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF DE				
TOR	Easton Memorial Hospital Easton Talbot								
DIRECTOR	10a. STATE 10b. COUNT	KEN ANNES 100.0	ENTREVIUS	٤		10d. INSIDE CITY LIMITS?			
FUNERAL	10e. STREET AND NUMBER	+2	101. ZIP CODE 2 [6]	7	10g. CITIZEN OF WH	S A			
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 O Specifi	n, Puerto Rican, atc.)	or No— 14. RACE Black,	- American Indian, White, etc.			
D BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU		'S USUAL OCCUPATION	18b. KIND OF BUS	SINESS/INDI ISTRY	MCK			
COMPLETED	(Specify only highest grade	(Give kind	of work done during most of working use retired.) LECHANIC		170 mo	vi le			
BE CON	17. FATHER'S NAME (First, Middle, Last)	+ Hollis	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumano) AN &	5-4			
TO E	190. INFORMANT'S NAME (Type/Print)	EHOWIS R.	NG ADDRESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code	6.21617			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State 20b. PLACE OF DISP	POSITION (Name of cometer), crematory or		CATION — City or Tow	n, Stata R. R. VILLE ME			
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE US OD	22. NAME AND ADDRESS OF FA	LERTO	1 81.	.21620			
	23. PART I. Enter the disease, or ehock, or heart fellure.	complications that caused the death. De List only one cause on each line.	o not enter the mode of dyling, suc	h as cardiac or reepi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	Rossi to	Lielus			Onset end Death			
	resulting in deeth)	DUE TO (OR AS A CONSEQUENCE	on: Ductime			2 0000022			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A CONSEQUENCE	eft lever	lake y	neumnia	3 walls			
RTIFIC	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE	OF):						
CE		G				1			
AL	PART II. Other significant condition	ne contributing to deeth but not resulting	g in the underlying ceuee given in	Part /. 24a. WAS AN PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
20	1. Nogestive vi	with foral lee	iko-encepholo pad	1 UYES 2	.V	COMPLETION OF CAUSE OF DEATH?			
W	2. recurrent	weigen hat in	rectione	0 1		1 TES 2 NO			
-	3. Darcholes	me Olatica	0						
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	neck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: Management 2 ER/Outpatient 3 DO/	OTHER:	8 Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJURY 28b.	TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferr building, atc. (Specify)	1 1 123 2 110	281. LOCATION (Street : City or Town, State)	and Number or Rural Ro	oute Number,			
COMPLETED	anal anny	SICIAN: To the bast of my Mowingin, deeth occ							
Ö	2 MEDICAL EXAMIN	ER: On the basis of assemblem and/or investig	ation, in my opinion, death occured at the	lime, data and place, an	nd dua to the cause(a)	and manner as stated.			
BE	296/SIGNATURE AND VITLE OF CERTIFIE	Down in	29c. LICENSE NU D787		29d. DATE SIGNED	(Month, Day, Year)			
70	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUSE OF MEATH TITES 27) 77							

M.D. 508 Idle
32. REGISTRAR'S SIGNATURE
Julia Sairdran-Randola

Albert Dawkins
31. DATE FILED (Month, Day, Year)
JUN 15 '90

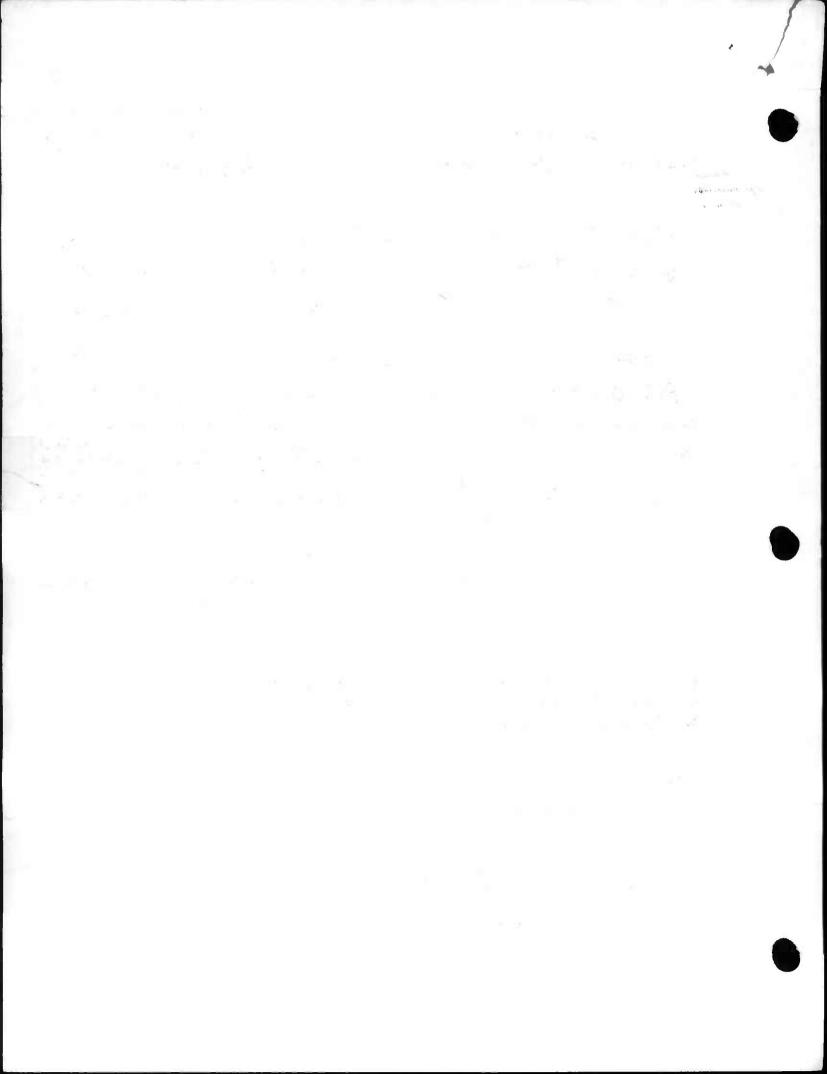
Easton,

Idlewild Ave.,

Md.

21601

DHMH-16 Rev 1/89



DALLIMONE, MANILAND	ours after death. Page 6 may be retained by the hos	i in by the funeral director, page 5 should be detach or removal.	nedical examiner must be notified at once.
DIVISION OF VIEW RECORDS, F.C. BOX 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF	DEATN		
	Mamie Cooper Howell 06 11 90 07.			
	4. SOCIAL SECURITY NUMBER 240 01 0055 S. SEX 1 M 2 IX F 82 YRS. S. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 NRS. T. DATE OF BIRTYN (Month, Day, Year) T. DATE OF BIRTYN (MONTH, Day, Year) T. DATE OF BIRTYN (MONTH, DAY, Year) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR) T. DATE OF BIRTYN (MONTH, DAY, YEAR)			
OR	90. FACILITY NAME (If not institution, give street and number) Greater Baltimore Medical Center Towson 9c. county of oeatn Baltimore			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE LIMITS:	CITY 7		
	NC GOldsboro 1 Ves :			
FUNERAL	700 North Spence Avenue 27532 USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. Wildowed 4 To Divorced 14. RACE — American Bleck, White, etc. 1 YES 2 NO Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE — American Bleck, White, etc. Specify: 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			
MP	9 Telephone Operator S. Bell			
8	17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)			
BE	John S. Cooper Bessie Morris 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)			
2	Seymour Funeral Home 1300 Wayne Memorial Drive, Goldsboro, N.C. 2	27534		
	20a, METHOD OF DISPOSITION 1			
	21. SIGNATURE OF AUTHORIA. SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227			
	23. PART 1. Enter the disesses or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart failure. List only one cause on each line.	oximate val Between		
	I IMMEDIALE CAUSE (FIRST	t and Deeth		
	DUE TO (OR AS A CONSEQUENCE OF):	d		
CERTIFICATION	Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING			
LIFIC	CAUSE (Diseese or injury that initiated events C. DUE TO (OR AS A CONSEQUENCE OF):			
H	reculting in death) LAST			
CAL	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 24b. WERE AUTOF ANALIABLE F.	PRIDR TO		
: MED	1 ¬ YES 2	≀ □ NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)			
rsic	EXAMINER? 1 YES 2 O O O O O O O O O O O O O O O O O O			
	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. IMJURY Accident Investigation 280. IMJURY M 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED			
тер ву	2 Accident Investigation 3 Sulcide S Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner se stated.	r ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, D 19 50 3 6-11-90			
임	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			

G.B.M.C

32. REGISTRAGES SIGNATURE

Julia Davidson-Rondage

Edward Costlow, M. D 31. DATE FILED (Month, Day, Year) JUN 1 2 90

ACT OF THE PARTY O

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR
1	STATE
	REGISTRAR
_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CI	ERTIFIC	ATE O	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First,	Middle, Last) AIDE	"	HAVI	NIE			2. DATE OF DE	DAY	87)	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB 579-14-3824		5. SEX 6. /	AGE (In yrs. les		UNDER 1 YEA		7. DATE OF BI	76 1917	BIRTH	APLACE (State or Foreign Aryland
90. FACILITY NAME (If not ins Greater Law	rel-Bel		osp.	91	Laure	N OR LOCATION OF D	DEATH		INTY OF D	George
RESIDENCE OF DEC	10b. COUNTY	Caskas		10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY
Md. 10e. STREET AND NUMBER	rachee	George		Laar	T	10f. ZIP CODE				1 TYES 2 NO WHAT COUNTRY?
326 Prince		Street 12. WAS DECEDENT EV	FR IN U.S. AF	MED	13. WAS I	20707 DECENDENT OF HISPA	NIC ORIGIN? (Sp.		S.A.	E — American Indian.
1 Never Merried 2 3 Wildowed 4 🗓 Divor	Married	FORCES? 1 IF YES, GIVE WAR	YES 2XX		If yes,	specify Cuban, Mexic res 2 1 NO Speci	an, Puarto Rican,		Spec	k, White, etc. White
	EDENT'S EDUCA highest grade of -12)		(G	ECEDENT'S US live kind of work Do NOT use n	k done during etired.)	ATION most of working		of Business/In		
17. FATHER'S NAME (First, MI EMOTY AT		1.					AME (First, Middle,			
190. INFORMANT'S NAME (7) Dawn Hayni	ype/Print)		2 5	b. MAILING AD	Clay	Rd. #301	l Route Number, Ci	ty or Town, State, 2, Maryl		20724
20a. METHOD OF DISPOSITE 1 ☐ Burial 2 ☒ Crematio 4 ☐ Donation 5 ☐ Other	ION n 3 🗆 Ramov	val from State	20b, PLACE		ION (Name of	cemetery, cramatory or		20c. LOCATION -		
21. SIGNATURE OF FUNERAL		NSEE	11		22. NAMI DOI	e and address of F nalds on Fi 3 Talbott	acility uneral t	Home P.A	Md.	20707
23. PART I. Enter tha dishock, or himmediate CAUSE (Firdisease or condition resulting in deeth) Sequentially list condit if eny, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthet initiated eventa resulting in death) LAS	eart failure. L	VENTO DUE TO (OF	on each lin	OUENCE OF):	RRH	YTHMIR ALDIDURE MYOPAT	<u> </u>			Approximate Interval Between Onset and Deeth
PART II. Other eignifice	ent conditions	ENAL F	eth but not	resulting in	the underl	ying ceuse given I		WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	R/Outpatient		THER:	5. PLACE OF DEATH (C		acify)		
27. MANNER OF OEATH	Pending	26a. DATE OF IN. (Month, Day,		28b. TIME INJUI	OF 28c	INJURY AT WORK?		E HOW INJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	26a. PLACE OF II building, atc		ome, farm, str	eet, factory,	office	281. LOCATIO City or To	N (Street and Numi wn, State)	ber or Rural	Route Number,
(Check only — —	PICAL EXAMINER						he time, data and	placa, and dua to	the cause	(a) and manner as stated.
30, NAME AND ADDRESS O	and	レ	OF DEATH (IT	EM 27) (Time F	Print)	1)240	135	Þ	6/	4/40
E.S. Macha	ido 3	21 Prince	Georg	e Stre	et La	urel, Md.	20707			
31. DATE FILED (Month, Day,	1 5 '90	32. REGISTRAD	ha David	Son-Asi	desc					

NE O

REC

BALTIMORE, MARYLAND 21203-3146	24-nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pron. on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pe telefield within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE OF MAH		/ UEPAK ERTIFI					MENI	AL HYGIENI REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						alpini	50		E OF DEATH		YEAR 3.	TIME OF DEATH
		James Ken	neth	Hor	ne				Ju	ne 12	199		1:45 a m
4. SOCIAL SECURITY NUMB	BER		GE (In yrs. le	ist birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		E OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
249 - 30 -	5285	1 M 2 🗆 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.		. 04,19	28		irolina
9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				TY OF DEAT	гн
Greater Lau	rel-Be	etsville H	ospit	al	La	urel	2				Prin	ice Ge	eorge
RESIDENCE OF DEC	10b. COUNT	7		10c. CITY	Y. TOWN	OR LOCA	TION					10	od. INSIDE CITY
Maryland	Howa			Jes.									LIMITS?
10e. STREET AND NUMBER	Howa	nu		1260.	sup	10	f. ZIP COD	E			10a, CITIZ		AT COUNTRY?
8211 Glenn	Court	Paad					2079	Λ				u.s.	
11, MARITAL STATUS	court	12. WAS DECEDENT EV	ER IN U.S. A	RMED	13.	WAS DEC			VIC ORIG	GIN? (Specify Yee	or No—		American Indian, Vhite, etc.
1 Never Married 2 💢		FORCES? 1 X	res 2	NO		If yes, sp	2 X NO	n, Mexica Specifi	n, Puert	o Rican, etc.)		Black, V Specify:	Vhite, etc.
3 Widowed 4 Divo	rced	Korea					- 04	-,,				W	hite
	EDENT'S EDU y highest grade		16a. D	ECEDENT'S Give kind of v	USUAL O	CCUPATI during me	ON ost of worki	ng	1	6b. KIND OF BUS	INESS/INDI		
Elementary/Secondary (0)-12)	College (1-4 or 5+)											
Grade 9			In	on Wo	rker					Constr		n	
17. FATHER'S NAME (First, M		4 4					100			t, Middle, Meiden	Surname)		
James Hamil		rne						tie					
Lottie Horn										imber, City or Tox.1			
20a. METHOD OF DISPOSIT				8ZII (oxen	n Co	wrt	коаа		Jessup,	Mary	ILANA City or Town	20794
1 Durial 2 Crematic	on 3 🗆 Rem	oval from State	other i	niecel									1.24
4 ☐ Donation 5 ☐ Other 21, SIGNATURE CHAUMERA		THEFT	меаа	iowica			ND ADDRE			Don	sey,	mary.	kana
· 200	H Ja	Dalla	/ Mg. 7		U	ona	ldsor	i Fur	iera	l Home,			nd 20707
23. PART I. Enter the d													Approximate
shock, or h IMMEDIATE CAUSE (Fir		List only one cause	on each lir	10.									Interval Between Onset end Death
disease or condition	-	00	1010	De LU	44.00	s A CL	ALA	COAN	0 ^	+			14.
resulting in death)		DUE TO (OR	AS A CONS	EQUENCE O	F):	U C	-1	000	~~3				1.01
		a. QQ DUE TO (OR	tass	which	- (any	دعم	6 \	120	ate			7 Syrs
Sequentially list condit if any, leading to imme		DUE TO (OR	AS A CONS	EQUENCE O	F):								0
cause. Enter UNDERLY CAUSE (Disease or Inju		с											-
that initiated events resulting in death) LAS		DUE TO (OR	AS A CONS	EQUENCE O	F):								
Tostiany in doddiny End		d		-									
PART II. Other significa	ant condition	ns contributing to dea	th but not	resulting	In the u	nderiyir	ng ceuse	given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
										1 TES 2		C	VAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
				· 						/			YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL			-		26. P	LACE OF I	DEATH (Ch	neck only	one)			
EXAMINER?		HOSPITAL; 1 No Inpetient 2 ☐ ER	/Outpatient	3 DOA	OTHE 4 Nu		me 5 🗆 R	esidence	6 🗆 0	ther (Specify)			
27. MANNER OF BEATH		28a. DATE OF INJ (Month, Day, Y		28b. TIN	IE OF JURY		JURY AT ORK?		28d. l	DESCRIBE HOW I	NJURY OCC	URED	
Netural 5 🗌	Pending investigation	(Monas, Day,)	our,		M		YES 2	NO					
	Could not be	28e. PLACE OF IN building, etc.	JURY — At I	home, ferm,	street, fac	ctory, offi	ce		28f. L	OCATION (Street a	and Number	or Rural Rou	ite Number,
4 Homicide	determined								L	,,			
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of my	knowledge,	death occurr	red at the	time, dat	e end plac	e, end du	to the	cause(e) end me	ner ee stat	ed.	
ana)	HCAL EXAMIN	ER: On the basis of exami	nation and/o	or Investigation	on, In my	opinion,	death occu	red at the	time, d	late end place, er	d due to th	e cause(e) e	end manner ee stated.
-096, SIGNATURE AND TITLE	E OF CERTIFIE	R O A					29c. LIC	ENSE NU	MBER		29d. DATI	E SIGNED (A	Aonth, Day, Year)
muum	0.40	eltan					D	231	124	4			-90

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
WINTERN WELTZ 7525 GEPCHWAY OF OTHER

32. REGISTRAPS SIGNATURE Juna Sandalle

31. DATE FILED (Month, DIN Year) 3 '90

reenteelt MD 20770

Once.

Juanita Howard

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Leven

IMMEDIATE CAUSE (Finsi disesse or condition

resulting in death)

20s. METHOD OF DISPOSITION

11 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify)

So

shock, or heart failure. List only one cause on each line.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE HOSPITAL (TO THE FUNERAL D be filed within 72 h

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

4

													90	183	36
	FOR STATE REGISTRAR		STATE OF M	MARYLAI					EALTH DEAT		MENTAL HYGIEN REG. NO				
}	1. DECEDENT'S NAME (First, Louis	, Middle, Lest)	How	ard							2. DATE OF DEATH	, 199	OYEAR	3. TIME OF D	EATH
	4. SOCIAL SECURITY NUME 214-14-427		5. SEX 1 🙀 M 2 🗌 F	6. AGE (In yrs. last birthday) F 85 YRS.			# UNDER	1 YEAR DAYS	#F UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) June 25,	1905	905 8. BIRTHPLACE (State of Country) Marylan		
OR	9a. FACILITY NAME (If not institution, give street and number) Calvert Memorial Hospital								Fred				vert		
DIRECTOR	mesidence of dec	10b. COUNTY	lvert			10c. CITY, TOWN OR LOCATION OWINGS							10d. INSIDE (LIMITS? 1 YES 2		
FUNERAL	10e. STREET AND NUMBER 875 Fowlers Road				101. ZIP CODE 20736					USA	WHAT COUNTRY	Y7			
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				2 NO	ED)		If yes, sp		ın, Maxica	NIC ORIGIN? (Specify Ye in, Puarto Rican, etc.) y:	or No-		E — American i k, Whita, atc. ify: Blac	
COMPLETED		EDENT'S EDU(y highest grade 0-12)	(Give kind (Give kind life, Do NO			e kind of v Do NOT us	NT'S USUAL OCCUPATION d of work done during most of working OT use retired.) TUCK Driver			ng	16b. KIND OF BU	SINESS/IN	DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Wesley Taylor								30,000		ME (First, Middle, Melder Taylor	Sumame)			
TO B	19a. INFORMANT'S NAME (Type/Print)					19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									

875 Fowlers Road

Carters Church Cemetery

22. NAME AND ADDRESS OF FACILITY

20b. PLACE OF DISPOSITION (Name of come

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Owings, Maryland 20736

Sewell Funeral Home Prince Frederick, Md

20c. LOCATION — City or Town, State

1451 Dares Beach Rd.

Approximate

Interval Between **Onset and Deeth**

Friendship, Md

OUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO JOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO rena COMPLETION OF CAUSE 1 | YES 2 | NO OF OEATH? 1 | YES 2 | NO

25. WAS CASE HEFERHED TO MEDICAL	26. PLACE OF GEALH (Check only one)								
EXAMINER?	HOSPITAL: 1 Chipatient 2 ER/Outpatient 3	□ DOA 4 □ Nu	R: rsing Home 5 - Residence	8 ☐ Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUREO					
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At ho- building, etc. (Specify)	me, farm, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and man-

E AND TITLE OF GENTIFIER 26010 6

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Owings, Craig Jeschke M.D. 20736

32. DEGISTRAR'S SIGNATURE relia Savidson-Randall

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAN	ID / DEPARTMENT	OF HEALTH A	ND MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

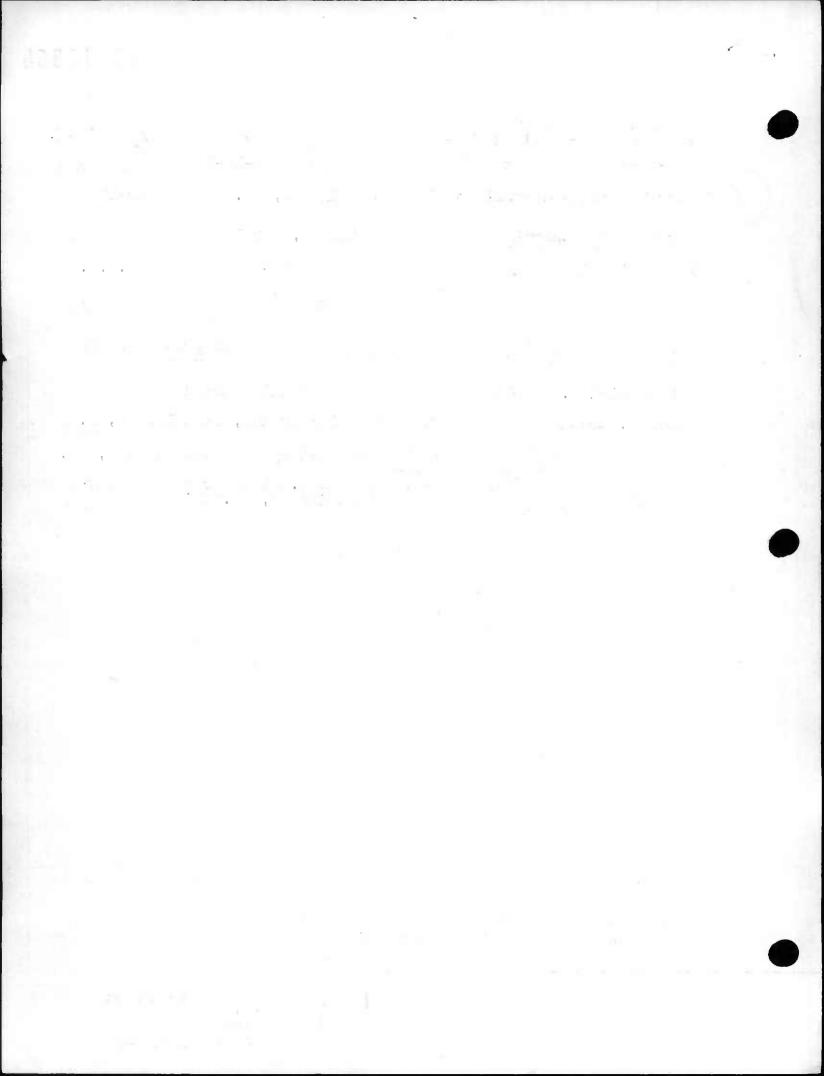
1 - STATE REGISTRAR	SIAIE UF MA		FICATE			MENIAL HYGIEN REG. NO.	t		
1. DECEDENT'S NAME (First, Middle, Le	ust)		10711	J. DE,		2. DATE OF DEATN			3. TIME OF DEATN
Bertha	G.		40	11		JUNE 1	Y iC	YEAR	11550 M
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest birthday) IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF BIRTN		1 10	PLACE (State or Foreign
220-01-8711	1 M 2 F	88 YRS.	MONTHS D	AYS HOURS	MIN.	8-22-190	1	Countr	yland
9a. FACILITY NAME (If not institution, g	ve street and number)	_ 80	9b, CITY, TO	OWN OR LOCAT	ION OF DE		_	NTY OF D	0
Peninsula Gener									
RESIDENCE OF DECEDENT			J Sa.	lisbury	7, MID		1	Wico	mico
10a. STATE 10b. COL	INTY	10c. C	ITY, TOWN OR	LOCATION		<u>-</u>			10d. INSIDE CITY LIMITS?
Maryland Wi	comico	Ma	rdela	Spri	ngs			- 1	1 TYES 2 NO
10e, STREET AND NUMBER				10f. ZIP COI			10g. CITI	IZEN OF V	HAT COUNTRY?
RT.1 Box 608				218	37		U	S.A	1
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WA	S DECENOENT	OF NISPAN	HC ORIGIN? (Specify Yes	or No—	14. RACE	- American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	☐ YES 2 MRO IR OR DATES	If y	YES 2 NO	an, Mexica Specif	n, Puarto Rican, alc.) y:			Black
15. DECEDENT'S		16a. DECEDENT	S USUAL OCC	JPATION	4	16b. KIND OF BU	SINESS/IND		
(Specify only highest g	College (1-4 or 5+)	life. Do NOT	f work done duri use retired.)	ng most of work	ing				
12			estic			N	lone		
17. FATNER'S NAME (First, Middle, Last)				16. MO	TNER'S NA	ME (First, Middle, Maiden	Surname)	-	
William Dash	iell			Ma	rv	E. Coul	pon	rne	
19a. INFORMANT'S NAME (Type/Print)	1011	19b. MAILIP	IG ADDRESS (S			Route Number, City or Tow			
Arelela Cray	-	Rt.	1 Box	507	Ma	ardela, N	/d .	2187	57
20a METHOD OF DISPOSITION		20b. PLACE OF DISP					CATION -		
1 Burial 2 Cremation 3 1 1 4 Donalion 5 Other (Specify)	temoval from State	Mardela	Chur	ch Ce	mote	ery Ma	a har	7'a	Md .
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Малиета		ME ANO ADDR			821	Was	st Rd.
N/10 1	0 0-1	1.					04 1	W C L	DIO TICLE
Bladus	B. Sle	wart	Cl	inton	F.	Stewart	Sal	is.	Md. 21801
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	OF): OF):	kar Ak	F.	Fa./wi			Onset end Death
PART II. Other significent condi	dtions contributing to	death but not resulting	g in the unde	erlying cause	given in	Part i. 24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
						PERFOI			AVAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	ı. I			26. PLACE OF	DEATN (C)	neck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpetton a C no.	OTHER:						
27. MANNER OF DEATN	28s. DATE OF	ER/Outpatient 3 DOA		g Home 5 LT	Residence	6 Other (Specify) 26d, OESCRIBE NOW	INJURY OC	CUREO	
1 Natural 5 Pending	(Month, Da		NJURY	WORK?		230. OESCRIBE NOW	awoni oc	OUNEU	
2 Accident Investigat		INJURY — At home, fern			_ NO	201 LOCATION (OL	and Must	e or D	Double Museum
3 Suicide 8 Could not 4 Nomicide datarmine	be building, o	r injunty — At nome, fam etc. (Specify)	r, acrest, factor	, oriece		28f. LOCATION (Street City or Town, State	anu Numbe)	V OF MUMIL!	TOUR NUMBER
cool	NYSICIAN: To the best of a	emination and/or investige	ition, in my opi	nion, death occ	ured at the	lime, data and place, at			s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER / /			29c. Li	CENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
John	while				34	768	•	6/1	5/90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITEM 27) (T) SIOL SOLL R'S SIGNATURE L'AUTHOROUS L'AUTH	pe, Print)	1 L	10	71301		/	-//-
31. OATE FILEO (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE	Sell.	3/10	(I).	01001			
JUN 18'9	U Sink	TO STANKED TO THE	En arthurstan						

DALIMONE, MANILAND	rs after death. Page 6 may be retained by the hosp	n by the funeral director, page 5 should be detache removal.	dical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, T.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerviours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Oppr. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, INC.)	MAJNE	5			2. DATE OF I	5./	VEAR (I)	2/50 M	
	4. SOCIAL SECURITY NUMBER 202-05-9568	8. AGE (1	In yrs. last birthday) YRS.	MONTHS DAYS		7. DATE OF E	1907	Country)	Jersey	
	9a. FACILITY NAME (If not institution, give street Carroll County (,	seni tal		inster,	Md.		TY OF DEAT	н	
5	RESIDENCE OF DECEDENT	reneral ne		1		Mu.		CLIOI	-L-	
JIME	Maryland Car	rroll		estmin	ster, Ma	aryla	nd		LIMITS?	
AL	10e. STREET AND NUMBER			T	IOI. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
UNEHAL	172 East Main	12 WAS DECEDENT EVED II	ILLE ADMEN	42 140 0	211		and the Manage Manage		a A e	
L L	1 Never Married 2 Married 3 Widowed 4 Divorced	Pr Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben,					n, etc.)	Black, W	White te	
COMPLEIED	15. DECEDENT'S EDUCA' (Specify only highest grade co	ade completed) (Give kind of work done during most of working life. Do NOT use retired.)					Myers Fine Jewlery			
200	17. FATHER'S NAME (First, Middle, Last) Frederick W.	Newell				ME (First, Middle)	ie, Maiden Surname) COON			
2	Harry N. Brown		196. MAILING 131	City V	iew Ave	nue,	Nestmins	ster,	Md 2I157	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	Nestmir	ster (emetery, cremetory or emetery		Westmin	nster	, Md.	
	21. SHOMATURE OF FUNERAL SERVICE LICES	Noncy X.	Flolike	Thom West	AND ADDRESS OF EA	letch in Mdt	er & Son	n Fur	neral Hom	
HILLANDIN	23. PART I. Enter the diseases, processock, or heert feilure. List immediate CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ech line.	Flame		h as cardlec	or reepiratory ern	est,	Approximete interval Between Onset and Death	
MEDICAL C	PART II. Other significant conditions	contributing to deeth b	out not resulting	in the underly	ing ceuse given in		NAS AN AUTOPSY PERFORMED? YES 2 NO	AM CO DF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DIMPLETION DF CAUSE DEATH? YES 2 NO	
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)				
2010	EXAMINER?	HOSPITAL: 1 Inpatient 2 - ER/Outp	patient 3 DOA	OTHER:	ome 5 - Residence		pecify)			
DI FU	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRI	BE HOW INJURY OCC	CURED		
- 0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, farm, cify)	street, factory, or	fice		ON (Street and Number own, State)	or Rural Rout	e Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination							nd manner as stated.	
ם מם כו	296. SIGNATURE AND TITLE OF CERTIFIER	asus			29c. LICENSE NUI		29d. DATI	SIGNED (M	onth, Dey, Year)	
	30. NAME AND ADDRESS OF PERSON WHO		1428	e, Print)	y RD	EZDOR	PSBVRG U	40		
	31. DATE FILED (MONTH DEN 1847) 2 '90	32. REGISTRAL SCIGN	Davidson-M	andell					A MANAGER A STATE	
				1						

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6799811 MR# 04-24-94 HAINES, IRENE G 156A TURNES C8-19-07 F 06-08-90



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th C	endii	Ŧ	6
he death c	the attendi	Mental Hy	njury, or
that the death c	ed by the attendil	th and Mental Hy	any injury, or
quires that the death c	in signed by the attendil	if Health and Mental Hy	nows any injury, or
law requires that the death c	as been signed by the attendil	Dept. of Health and Mental Hy	23 shows any injury, or
4: The law requires that the death c	icate has been signed by the attendil	State Dept. of Health and Mental Hy	Item 23 shows any injury, or
SICIAN: The law requires that the death c	certificate has been signed by the attendil	h the State Dept. of Health and Mental Hy	d, or Item 23 shows any Injury, or
IG PHYSICIAN: The law requires that the death of	ter this certificate has been signed by the attendil	ath with the State Dept. of Health and Mental Hy	narked, or Item 23 shows any Injury, or
TENDING PHYSICIAN: The law requires that the death of	DR: After this certificate has been signed by the attendil	fter death with the State Dept. of Health and Mental Hy	8 is marked, or item 23 shows any injury, or
OR ATTENDING PHYSICIAN: The law requires that the death c	NRECTOR: After this certificate has been signed by the attendi	ours after death with the State Dept. of Health and Mental Hy	em 28 is marked, or item 23 shows any injury, or
1TAL OR ATTENDING PHYSICIAN: The law requires that the death c	RAL DIRECTOR: After this certificate has been signed by the attendil	1 72 hours after death with the State Dept. of Health and Mental Hy	: If item 28 is marked, or item 23 shows any injury, or
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death c	FUNERAL DIRECTOR: After this certificate has been signed by the attendil	within 72 hours after death with the State Dept. of Health and Mental Hy	TTANT: If item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE OF MARYLAND / DI 1 - REGISTRAR CER	EPARTMENT OF		RENTAL HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
	Susan Ann S. Handy			June 15.	1990	12:19 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest bir		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign country)		
	045-26-1350 1 M 2 X F 61 9e. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS DAYS	OR LOCATION OF DE	05 28 2		onnecticut		
FUNERAL DIRECTOR	Route 5, Box 455	East		SIR	Talb			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 1	10d, INSIDE CITY						
E	Maryland Talbot	Easton				LIMITS? 1 YES 2 X NO		
7	10e. STREET AND NUMBER		Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ER/	Route 5, Box 455		21601		U.	S.A.		
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEI			IC ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian, Black, White, atc.		
BY F	1 Never Merried 2 X Merried 3 Widowed 4 Divorced FORCES? 1 YES 2 X 0 IF YES, GIVE WAR OR DATES		pecify Cuban, Maxicar S 2 X NO Specify			Specify:		
		DENT'S USUAL OCCUPAT	101	16b. KIND OF BUS		white		
1	(Specify only highest grade completed) (Give	kind of work done during no NOT use retired.)	nost of working	166. KIND OF BUS	SINESS/INDUST	RY		
2	Elementary/Secondary (0-12)	emaker						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	CINCIL	16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)			
BE C	E. Charles Stanley		Joyce	Corbit				
		ALLING ADDRESS (Street	and Number or Rural R	loute Number, City or Town	n, State, Zip Coo	le)		
2	William E. Handy R	Rt 5 Box	455 Eas	ston MD	21601			
	20a. METHOD OF DISPOSITION 6/15/90 20b. PLACE OF Other place;	DISPOSITION (Name of c	emetery, crematory or	20c. LO	CATION — City	or Town, State		
	4 Donation 5 Other (Specify) Easte	rn Shore			rgeto	wn, DE		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		AND ADDRESS OF FAC	ral Home				
	JOHN R. MERLERON			ryland				
	23. PART I. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on sech line.	h. Do not entar tha m	oda of dying, auci	ae cerdiec or reepi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final					Onset and Death		
	resulting in death) a. Caudieu	Tarle by				Smin		
	OUE TO (OR AS A CONSEQUÊNCE OF):							
CERTIFICATION	Sequentially list conditions, DUE TO IOR AS A CONSEQUENCE OF:							
SAT	If any, leeding to immediate cause. Enter UNDERLYING	ti. Can	Circulated	of Bu	eist	Syir,		
Ë	CAUSE (Disease or Injury that Initiated events	ENCE OF):		0				
EBI	resulting in death) LAST							
AL C	PART II. Other significent conditions contributing to death but not res	ulting in the underly	ng cause given in			24b. WERE AUTOPSY FINDINGS		
CA	Nave			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
G				_ ' ' '	a no	OF DEATH?		
2								
IAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputlent 2 ER/Outpetlent 3	DOA 4 Nursing He	ome 5 🗆 Reeldence	8 Other (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	INJURY	NJURY AT VORK?	26d. DESCRIBE HOW	NJURY OCCUR	ED		
8	1 X Netural 5 Pending 2 Accident Investigation		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide detarmined 226. PLACE OF INJURY — At home building, atc. (Specify)	s, term, street, factory, or	nce	281. LOCATION (Street City or Town, State)	end Number or F	Hurai Houte Number,		
29a. CERTIFIER 1 Chark call: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner sa stated.								
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as at 29th SIGNATURE AND TITLE OF CEPTIFIED A								
							BE	IM. blacks Drawing bulg SI
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	27) (Type, Print)						
	Robert M. McDonald, M.D. 3	0 Dover	Street,	Easton,	MD 2	1601		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	wassa.						

ć	within	
13146	executed v	
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OF VI	HYSICIAN:	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
=	R	
	PITAL	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the page of the detached for use as the page of the detached for use as the page of	t, the medical examiner must be notified at once.
AN: The law requires that the death certificate be executed with	ificate has been signed by the attending physician and complet state here of Health and Mental Horiene note to build cren	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cert has fled within 72 hours after death with the	IMPORTANT: If Item 28 Is marked, o

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND C		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Cecelia F	Ŧ	Hall		June 1	3, 195	0 4:30A.M			
		SEX 6. AGE (In yrs. Is	st birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign			
	221.11.13921	□ M 2 XF 0/1	YRS. MONTHS	DAYS HOURS MIN.	(Month, pay, Year)	18	Country) 201			
	9e. FACILITY NAME (If not institution, give street	and number)	9h CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH			
r					LAIII					
2	RESIDENCE OF DECEDENT	oital	E	aston		Tal	bot			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION .			10d. INSIDE CITY			
Ę	Tred The	11-8	(0)	1 Ford			1 YES 2 NO			
	10e. STREET AND NUMBER	DO Y	1 1/1	10f. ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?			
٤	0.1-11			7.1/		log. Citizen	or what cooming			
Ž	209 7119470	on St.		216-) 7	M	7-4			
BT FUNERAL	11. MARITAL STATUS 12 1 Never Merried 2 Merried	P. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2:	RMED 13	. WAS OECENDENT OF HISPA If yes, specify Cuban, Mexic		or No— 14.	RACE — American Indian, Black, White, etc.			
-	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	,	1 TES 2 NO Speci			Specify:			
		100	1		1	<u> </u>	517			
COMPLEIED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (ECEDENT'S USUAL. Give kind of work done is. Do NOT use retired.	during most of working	18b. KIND OF BUS	SINESS/INDUS1	HY			
וצ	Elementary/Secondery (0-12)	College (1-4 or 5+)	e. Do NOI use reared.							
E			Dem	75716						
3	17. FATHER'S NAME (First, Middle, Lest)		,	18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	/			
מ	Salamon	ICM	Pin	71	タナカマ	****	Ob MASON			
5	19e. INFORMANT'S NAME (Type/Print)	211	96. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	(e)			
	Phyllis b	Potter	Jon	it St.	Elles ton	mo	21601			
1	200 METHOD OF DISPOSITION	20b. PLAC	OF OISPOSITION (lame of cemetery, crematory or	20c. LO	CATION — City	or Town, State			
- 1	1 Buriel 2 Cremation 3 Removal 4 Denetion 5 Other (Specify)	I from State other	SCAPOR	Davillo R	· (2)	rford	md			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	\$EE		. NAME AND ADDRESS OF F	CILITY	10011				
		$ \left(\right) \left(\right) $	100	5.0		0	< 1			
	Denge)	4 Sulayma	es	319 Da	Hel 57	au h	i mids			
		plicetione thet caused the c t only one cause on each iir	leeth. Do not ante ia.	er the mode of dying, suc	ch es cardiec or reap	ratory arrest	Approximate Interval Between Onset end Death			
	IMMEDIATE CAUSE (Finel disease or condition	Brack	1. 1				Chaot one Double			
	reaulting in death) a	DUE TO (OR AS A CONS		11						
		1-01-	EGOLINOL OF J.				i			
HILICALION	Sequentially list conditions, b	OUE TO (OR AS A CONS	FOURNCE OF:							
=	If any, leeding to immediate cause. Enter UNDERLYING	10 (011 710 71 00110	Lacitor of y.				į			
בַ	CAUSE (Disease or Injury C	OUE TO (OR AS A CONS	EQUENCE OF):							
	that initiated events resulting in death) LAST									
5	d									
ا د	PART II. Other algolificant conditions of	ontributing to death but not	reaulting in the	indarlying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
5	Aspiration /	noumina			PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	7/3/2				1 YES 2	NO NO	OF DEATH?			
					—		1 TYES 2 XNO			
Ž										
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)					
		Compatient 2 - ER/Outpatient		ursing Home 5 🗆 Residence	8 🗆 Other (Specify)					
2	1 TYES 2 NO 1		28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCUR	ED			
HYSI	27. MANNER OF OEATH	28s. DATE OF INJURY (Month, Day, Year)								
	27. MANNER OF CEATH 1 Netural 5 Pending	(Month, Day, Year)	YRULNI	1 L YES 2 NO						
Ä	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY — At I	М	1	28f. LOCATION (Street	and Number or I	Burat Floute Number,			
IED BY PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	М	1	28f. LOCATION (Street City or Town, State)	and Number or I	Bural Route Number,			
Ä	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER	(Month, Day, Year) 28e. PLACE OF INJURY — At I building, stc. (Specify)	M nome, ferm, street, fa	ctory, office	City or Town, State		Bural Route Number,			
Ä	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	(Month, Day, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) N: To the best of my knowledge,	nome, farm, street, fa	ettory, office	e to the cause(e) and ma	nner as stated.				
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (1)	(Month, Day, Year) 28e. PLACE OF INJURY — At I building, stc. (Specify)	nome, farm, street, fa	ettory, office	e to the cause(e) and ma	nner as stated.				
E COMPLEIED BY	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	(Month, Day, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) N: To the best of my knowledge,	nome, farm, street, fa	office office office, end place, end du opinion, death occured at th	e to the cause(e) and ma e time, date and place, an	nner as stated.				
BE COMPLETED BY	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (1)	(Month, Day, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) N: To the best of my knowledge,	nome, farm, street, fa	time, date and place, and du	e to the cause(e) and ma e time, date and place, an	nner as stated.	iuse(e) and manner as stated.			
COMPLEIED BY	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (1)	(Month, Day, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) IN: To the best of my knowledge, On the basic of examination end/or	home, farm, street, fa	office office office, end place, end du opinion, death occured at th	e to the cause(e) and ma e time, date and place, an	nner as stated.	suse(e) and manner as stated.			
BE COMPLETED BY	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: COULD SUMMEDICAL XAMINER: COULD SUMEDICAL EXAMINER: COULD SUMEDICAL EXAMINER: COULD SUMEDICAL EXAMINER: COULD SUMMEDICAL EXAMINER: COULD SUMEDICAL EXAMINER: COULD SUMEDICAL EXAMINER: COULD SUMEDICAL E	(Month, Day, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) IN: To the best of my knowledge, On the basic of examination end/or	home, farm, street, fa	office office office, end place, end du opinion, death occured at th	e to the cause(e) and ma e time, date and place, an	nner as stated.	suse(e) and manner as stated.			
BE COMPLETED BY	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MECICAL EXAMINER: 0 29b. SIGNATURE AND TITLE OF SEPTIMENTAL OF SEPTIMENTA	(Month, Day, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) IN: To the best of my knowledge, On the basic of examination end/or	Monome, farm, street, fatebook farm, street, fatebook farm, street, fatebook farm, street, fatebook farm, street, fatebook farm, street, fatebook farm, street, fatebook farm, street, fatebook	office office office, end place, end du opinion, death occured at th	e to the cause(e) and ma e time, date and place, an	nner as stated.	iuse(e) and manner as stated.			

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerodu's after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND NOTE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Dorothy	Hutchins	6 17	90 3:25 DM
	SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign
213 22 9434 1	□ M 2 4 75 YRS. M	ONTHS DAYS HOURS MIN.	10/11/1	1 3H
9a. FACILITY NAME (If not institution, give street		b. CITY, TOWN OR LOCATION OF DE	ATH 9c.	OUNTY OF DEATH
Memorial Hosp	ital	Easton		Talbot
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	I co. orre	TOWN OR LOCATION		10d. INSIDE CITY
WALL STATE	in C	n de Location		LIMITS?
10e STREET AND NUMBER	<u>st</u>	10f, ZIP CODE	100	1 √YES 2 □ NO CITIZEN OF WHAT COUNTRY?
The state of Mand	1 01.	1.1.	log	//
11. MARITAL STATUS	. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IC ORIGIN2 (Specify Veg or No	14 PACE — American Indian
1 Never Married 2 Married	FORCES? 1 YES 2 NO	If yes, specify Cuben, Mexica	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.
3 M Widowed 4 Divorced	IF YES, GIVE WAR ON DATES	1 TYES 2 NO Specify	•	Specify.
15. DECEDENT'S EDUCAT	ION 16m. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINES	S/INDUSTRY
(Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 5+)	rk done during most of working retired.)		
11		MUSTIC		
17. FATHER'S NAME (First, Middle, Last)	r i	18. MOTHER'S NA	ME (First, Middle, Malden Suma	me)
Wille S.	cott	26	chist. 8	aws
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street and Number or Rural	Houte Number, City or Town, Star	e, Zip Code)
OTIN SAMPO	ion	HORKIS PL	. ZMSTOV	124 2060L
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remove	20b. PLACE OF DISPOSIT	TION (Name of cemetery, cremetory or	20c. LOCATIO	N City or Town, Stata
4 Donation 5 Other (Specify)	- Kicho	2-212/2/2/1/1/1	1 10 SHO	Tov Iw.
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22. NAME AND ADDRESS OF FA	CILITY	
Paris Jak	#	327 566	t Com.	
23. PART I. Enter the diseases, or con	pplications that caused the death. Do no	t antar the mode of dying, suc	n as cardiac or respirator	
	t only one cause on each line.			Interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition	Acon in lenel	Jalme		
resulting in death) a	DUE ID (OR AS A CONSEQUENCE OF):	0		
	Bandona	o e hance	Doth L	Lobor
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	0	1	
cause. Entar UNDERLYING	netistalie	large ce	el carcu	ioner
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):	, , 0 (0		
resulting in death) LAST	4	EL COR	20	
PART II. Other significant conditions	contributing to death but not resulting in	the underlying cause given in	Part I. 34s. WAS AN AUTO	PSY 24b. WERE AUTOPSY FINDINGS
COPD		10	PERFORMED	COMPLETION OF CAUSE
DE (197) =	hertercus	he -12-	— To ves 2 %	\$2000 to 1000
Cont	Jeg Jenica		_	1 TYES 2 NO
25. WAS CASE/REFERRED TO MEDICAL		25. PLACE OF DEATH (C)	eck only one)	
25. WAS CASE INSPERIED TO MEDICAL EXAMINER? 1 YES 2 NO		OTHER:		
27. MANNER OF DEATH	28a. DATE OF INJURY 28b. TIME	4 Nursing Home 5 Residence OF 28d, SNJURY AT	28d. DESCRIBE HOW INJUR	Y OCCURED
1 Natural 5 Pending	(Month, Dey, Year) INJU	M 1 YES 2 NO	Jeens Red House, N. C. C. C. C. C. C. C. C. C. C. C. C. C.	- AND THE STREET
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, sh		28f. LOCATION (Street and N	umber or Rurel Route Number
4 Homicide 6 Could not be determined	building, etc. (Specify)		City or Reve, State)	
/	/			
29a, CERTIFIER			Secretary Secretary and Assessment Secretary	or Continue Cont
Check only	UN: To the best of my knowledge, each occurred			
one) 2 MEDICAL EXAMINER	Ut: To the best of my knowledge, each occurred On-the bests of examination and/or investigation	, in my opinion, death occured at the	time, date and place, and du	to the cause(s) and manner as stated.
Check only PHYSICIA	- /		time, date and place, and du	
One) 2 MEDICAL EXAMINED 250. SOMETIME AND TITLE OF GERTIFIED	On-the basis of examination and/or investigation	, in my opinion, death occured at the	time, date and place, and du	to the cause(s) and manner as stated.
one) 2 MEDICAL EXAMINER	On-the basis of examination and/or investigation	, in my opinion, death occured at the	time, date and place, and du	to the cause(s) and manner as stated.
One) 2 MEDICAL EXAMINED 250. SOMETIME AND TITLE OF GERTIFIED	On-the basis of examination and/or investigation	, in my opinion, death occured at the	time, date and place, and du	to the cause(s) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									
	Charles Napoleon Jones, Jr. 6 18 90 1:47 P.M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign									
;	$705-05-4144$ 1 $\mathbb{R}^{M \ 2} \square$ F 80 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 12 17 09 Maryland									
	9c. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH									
œ	M : 1: ml D:									
2	Meridian - The Pines Easton Talbot									
잂	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									
DIRECTOR	Maryland Talbot Easton 1□ YES 2 № NO									
	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
12	Route 5, Box 274 21601 U.S.A.									
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — American Indian,									
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, apecify Cuben, Mexican, Puerto Ricen, etc.) FORCES? 1 YES 2 NO If yes, apecify Cuben, Mexican, Puerto Ricen, etc.) FYES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									
B	3 Widowed 4 Divorced World War II White									
CE	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY									
ᇤ	(Specify only highest grade completed) (Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5 +)									
릴	12 clerk railroad									
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
BEO	Charles N. Jones, Sr. Cora E. Eckert									
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
임	Anne J. Sterling Rt 5 Box 275 Easton MD 21601									
	20e, METHOD OF DISPOSITION 6/20/90 20b, PLACE OF DISPOSITION (Name of cemetery, cremetery or 20c, LOCATION — City or Town, Slete									
	1 Spuriel 2 Cremetion 3 American State other place) 4 Donation 5 Other (Specify) Loudon Park Cemetery Baltimore, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	ME Newyard CFSP Newnam Funeral Home									
	LIDISTOIL, MALVIANU									
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate interval Batween									
	IMMEDIATE CAUSE (Finel Onset end Death									
	disease or condition resulting in death)									
	DUE TO OTH AS A CONSEQUENCE (F):									
z	Sequentially list conditions, " Mel altra Chare luze prennonas 2 weeks									
CERTIFICATION	if any, leeding to immediate cause, Enter UNDERLYING									
2	CAUSE (Disease or Injury									
削	that initiated events resulting in death) LAST									
H										
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
	and it all all there									
Σ	1 YES 2 NO									
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
PHYSICIAN: ME	EXAMINER? HOSPITAL: OPHER:									
₹	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 S Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF VEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
효	1 Setural 5 Pending									
BY	2 Accident Investigation									
G	3 Suicide 8 Could not be 4 Homicide 6 determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)									
E										
COMPLET	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of any converted at the lime, date end place, and due to the cause(e) end menner as stated.									
O	One) MEDICAL EXAMPLES: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, date end place, and due to the cause(s) and menner ee stated.									
BE	107872 19 kmg 1990									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Albert T. Dawkins, Jr., M.D. 508 Idlewild Avenue, Easton MD 21601									
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	JUN 19 90 Julie Levidson Fondelle									

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	CERTIF	CATE OF	DEATH	REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last)	4.			2. DATE OF DEATH	AY YEAR	3. TIME OF OEATH		
	Lillian Judy Jones				6-18-90) ''	м		
1		NGE (In yrs. last birthday)	7. DATE OF BIRTH	8. BIRT Coun	HPLACE (State or Foreign				
	301-03-2484 1 □ M 2 🕮 F	71 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6-11-191	19 Ken	tucky		
В	9a. FACILITY NAME (W not institution, give street and number) 701 Glenwood St.			R LOCATION OF DE	ATH	anne A			
ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10.00	Y, TOWN OR LOCAT				Last marks over		
FUNERAL DIRECTOR	Md. Anne Arundo	1000	napoli				10d. INSIDE CITY LIMITS? X YES 2 NO		
AL	10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
띮	701 Glenwood Street			21401		USA			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced 12. WAS OCCOONT EN FORCES? 1 Night Page	YES 2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) ::		E — American Indian, ok, While, etc. olly: White		
	15. OECEOENT'S EOUCATION (Specify only highest grade completed)	(Give kind of i	USUAL OCCUPATION	ON st of working	16b, KINO OF BU	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Beaut	ician		Beau	ty Shor			
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden				
BEC	Claude Taylor			Agnes	York				
<u>B</u>	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow	m, State, Zip Code)			
-	Agnes Corbin				ter, MD				
	20a. METHOD OF DISPOSITION 1 □ Burlal 2½ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	20b. PLACE OF DISPOS other place)				20c. LOCATION — City or Town, Stata Baltimore. MD			
	21. SIGNATURE OF FUNERAL SERVICE LIGENSES	Metro (NO ADDRESS OF FA	CILITY	TIMOTE	, MID		
	23. PART I. Enter the diseases, or complications that co	()	Hard	esty Fu	neral Ho	ome P.A	• MD		
CERTIFICATION	ahock, or heart fellure. List only one caule on each line. Interval Between Onset and Death disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								
벙	DART II Ohn almiliant and like a continue to de		to the court of the state				b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	PART II. Other algorificant conditiona contributing to de-	in but not resulting	in the underlyin	y cause given in		RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			LACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 EF	VOutpatient 3 DOA	OTHER: 4 Nursing Hor	ne 5 Residence	a Other (Specify)				
PHY	27. MANNER OF DEATH 28a. DATE OF INJ. (Month, Day.)		IE OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCURED			
O BY	2 Accident Investigation	JURY — At home, farm,		YES 2 NO	28f. LOCATION (Street City or Town, State	and Number or Rura			
ETE	4 Homicide determined	(4,224)			ony or rown, only	1	**		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my						r(a) and manner as stated.		
BE C	29th SIGNATURE AND TITLE OF CONTYTER	7		290 LICENSE NU	MBER	29d. OATE SIGNI	(Month, May, Year)		
6	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (INFM 27) (Ton	Print)	113	176	6/1	7190		
	DR Richard Hornm	AN 6	Murr	y Ave A	nnapoli	3,Md	. 21401		
	JUN 2 0 1990 Fisher Davidson-Rand	SIGNATURE		•	V)			

	1 -	FOR STATE REGISTRAR	Audrey		STATE OF MARYLA Johnston	ND / DEPARTMENT CERTIFICATE		HYGIENE REG. NO.
И		DECEDENT'S NAME	_	st)	JOHNS	TON	2. DATE OF MONTH	F DEATH DAY

	REGISTHAR TIGGET 11	. 00111100	(JENIII	ICAIL	UF	DEATH	н	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) AUDREU N	1 201	HUSTO	ON				2. DATE OF I	DEATH DA		YEAR 90	3. TIME OF DEATH 7 ! 05 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)			IF UNDER 1	$\overline{}$	IF UNDER 24 HRS.	7. DATE OF E			8. BIRTHPLACE (State or Foreign	
	577 26 0377 1 □ M 2 🗵 F 65				MONTHS DAYS HOURS MIN. (Month, Day, Year) $11-3-24$					Was	h., DC	
	9a. FACILITY NAME (If not institution, give st			9b. CITY, T	OWN OF	R LOCATION OF DE	ATH		9c. COU	NTY OF D		
<u>E</u>	Holy Cross Hospi	ta1			Silve	er S	Spring			Mo	ntgoi	merv
읽	RESIDENCE OF DECEDENT				5117		op z z mg			110	irogoi	uct 1
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION	ON					10d. INSIDE CITY LIMITS?
5	MD Anne	Arundel		F	airha	ven						1 YES 2 XNO
4	10a. STREET AND NUMBER				101.	ZIP CODE			109. CIT	IZEN OF V	WHAT COUNTRY?	
ER.	538 Herring Ave					20754				USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED			ENDENT OF HISPAN			or No—	14. RACI	E — American Indien,
	1 Never Merried 2 Married	FORCES? 1	YES 2	Х¦ио			city Cuban, Mexicer 2 X NO Specify		ı, elc.)		Spec	k, White, atc.
B	3 Widowed 4 Divorced										W	hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a.	DECEDENT'S	USUAL OCC	UPATIO	N et of working	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	•)	(Give kind of ville, Do NOT us	se retired.)	ing mus	at or working					
필	10			clerk				Fe	d. G	ov't		EPA
ő	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Mi					e, Maiden	Surname)		
BEC	Elmer Harry	Perry					Le	igh Cu	rtis			
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street an	nd Number or Rural F	Route Number, (City or Town	n, State, Zi	p Code)	
임	Charles B. Johns	ton		same	as 1	0 a	bove					
	20e. METHOD OF DISPOSITION 20b.			CE OF DISPOS	SITION (Name	e of cem	netery, crematory or		20c. LO	ATION — City or Town, Siste		
				other place) Southern Memorial Gardens Dur					Dun	kirk	(Ca	lvert) MD
	21. SIGNATURE OF FUNERAL SERVED LIC	MASEE	0		22. N/	AME AN	D ADDRESS OF FAC	CILITY				
	M. Malo	1 Phy	Ja.	RF	4	Rau	sch Fune	ral Ho	me,	Owin	gs,	MD 20736
		a. CUL de DUE TO	OR AS A CON	Ine. SEOUENCE O	ut,	1	1	h ea cardiec	or reapi	ratory e	reat,	Approximate Intervel Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Cardupulousary ins inffectively OUE TO (OR AS A CONSEQUENCE OF): UNDERLYING C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
	PART II. Other eignificent condition	s contributing to	death but no	ot reculting	in the und	eriying	ceuse given in	Part i. 24	. WAS AN		240	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	(Lucuus pher		rke						YES 2			COMPLETION OF CAUSE OF DEATH?
	SPO cautid	enda	Here (fore	4	6/1	190					1 YES 2 NO
Σ.	7				0							
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)			1	
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 004	OTHER:		e 5 🗆 Realdence	8 Other /C	nec/fv1			
¥	27. MANNER OF DEATH	28e. DATE OF		28b. TIN		28c. INJU		28d. OESCRI		NJURY O	CCURED	
	Natural 5 Pending	(Month, E	Pay, Year)	IN.	JURY M		RK? (ES 2 NO					
B⊀	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE C	F INJURY — AI	home, farm,	street, fector			28f. LOCATIO	N (Street a	and Numbe	er or Rural	Route Number,
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	atc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,,	-		own, State)			
T	29a. CERTIFIER					-			_			
COMPLETED	(Check only	CIAN: To the best of R: On the bests of a										e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERDIFIE	3 -					29c. LICENSE NUI	MAER		294 04	TE SIGNE	O (Month, Day, Year)
290. SIGNATURE AND TITLE OF CERTIFIER 290. OATE SIGNED MORRIER 290.								190				
9	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH	TEM 27) (7)/04	. Print)		リムブレ			4	110	
	LOUIS KOZLOF		821	8 615	CAL	JE,	BETHE	SDA,	MD	20	814	P
	JUN 2 () 1990 Jul	32. REGISTR	B'S SIGNATUR	E								

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	CE	RTIFIC	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
Gisele D. Jackson					6-1	7-90	· ·	PAR	7PM
	. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1/1		ACE (State or Foreign
578-46-73771, 10 M 2 5(F)	66	YRS.	NONTHS DAYS	HOURS MIN.	4	Toan	541	Dan?	ig Poland
9a. FACILITY NAME (If not institution, give street and number)		13	9b. CITY, TOWN	OR LOCATION OF DE	EATH	<u> </u>	9c. COUR	NTY OF DEA	
Anne Arundel Medical	Cente	r	Anna	polis Mo	1	1	Anne	e Aru	ındel
10a. STATE 10b. COUNTY			TOWN OR LOC					1	Od. INSIDE CITY LIMITS?
Md Anne Arunde	<u>el </u>	Da [*]	-	nville					☐ YES ★☐ NO
3455 Constellation D	rive			101. ZIP CODE 21035			US		AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 FYES, GIVE WAI	YES 2 N		if yes,	ECENDENT OF HISPAN apacify Cuban, Mexica ES 2 NO Specify	in, Puerto I		or No—		- American Indian, White, etc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S U	SUAL OCCUPA	TION	16b	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12) College (1-4 or 5+)	life.	Do NOT use	retired.)	nost of working		3 -	7		
12 4	CP	A			T	rade	ASSC	, oc.	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Maiden	Surname)		
Wilhelm Heinrich Krue	etzky			Louise	e Ch	arlot	te I	Priet	tz
19a. INFORMANT'S NAME (Type/Print)	191			t and Number or Rural					
Deborah Morgan		3455	Cons	tellatio	on D	r. Da	vids	sonv	ille Md.
20s. METHOD OF DISPOSITION 1 To Buriel 2 Cremetion 3 Removal from State	20b. PLACE other pl	OF DISPOSIT	TION (Name of	cemetery, crematory or				City or Tow	
4 Donation 5 Other (Specify)		La	kemon			Dav	idso	onvi	lle Md
21. SIGNATURE OF PONERAL BERVICE LICENSEE			22. NAME	and address of FA desty Ft	CUTY	al Ho	me		
· Dall I WA			12	Ridgely	Ave	Ann	apo.		Md 21401
23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one caus-	caused the de	ath. Do no	t enter the n	node of dying, suc	h as card	ilac or respi	ratory arr	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Fine)					,				Onset and Death
disease or condition resulting in death)	brova	scula	1	Acciden	1				2 days
DUE TO (C	OR AS A CONSE	QUENCE OF):	*						
Sequentially list conditions,									
if any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSE	QUENCE OF):							
CAUSE (Disease or injury C.	OR AS A CONSE	DUENCE OF							
that initiated events resulting in death) LAST			•						
d									+
PART II. Other significant conditions contributing to d		-	the underly	ing cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
									I TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	neck only or	10)			
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2	ER/Outpatient 3		OTHER: 4 🗌 Nursing H	ome 5 🗆 Residence	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH 28s. DATE OF II (Month, De)		28b. TIME INJU	OF 28c.	INJURY AT	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation		110793		YES 2 NO					
3 Suicide 6 Could not be 28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	ome, farm, st	reet, factory, of	ffice	26f. LOC	ATION (Street or Town, State)	and Number	r or Rural Ro	ute Number,
4 Homicide determined									
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axis									
	1		, in my opinior	i, bearin occurred at the	r time, cata	and place, an	IG GUM IO II	ne cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER Aud Charles	theud	ing		29c. LICENSE NU		}	29d. DAT	E SIGNED	Month, Day, Year)
	OF DEATH ATE	M 271 /5-00	Print)	0356			, ,	-116	
DAULD C. BARNES	MI	5	7 7	rantel	in S	+ Ax	My	edes.	med 21403
31. DATE FILED (Magth, Day, Year) 32. REGISTRAR	'S SIGNATURE	2				_			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

FOR STATE REGISTRAR

10:24 P 8. BIRTHPLACE (State or Foreign

> 10d. INSIDE CITY 1 TYES 2 NO

24b. WERE AUTOPSY FINOINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 YES 2 NO

Approximate Interval Between

REG. NO

HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT; If item 2

PHYSICIAN: MEDI

BY

COMPLETED

BE

2

25. WAS CASE REFERRED TO MEDICAL

8 1

EXAMINER?

27. MANNER OF DEATH

	į	1, DECEDENT'S NAME (First, Middle, Lest) MARIA	Tanne L						2. DATE OF DEATH DATE JUNE 14	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Fore
		209-44-2427	- 21	3/		9b, CITY	TOWN C	R LOCATI	ON OF DE	L 03/22/	53 P	nila. Pa.
	FOR	THE JOHNS HOPKI	THE JOHNS HOPKINS HOSPITAL								BALTIN	MORE CITY
	DIRECTOR	10e. STATE 10b. COUNTY	uceste	r	LIMITS?							10d. INSIDE CITY LIMITS? 1 YES 2 N
	_ [10e. STREET AND NUMBER	400000	-		тu		ZIP COD		:	10g. CITIZEN	OF WHAT COUNTRY?
	FUNERAL	38 Scotch Dr.						- 4	3012		IISA	
	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. AR I YES 2 그것 MAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerio Ricen, etc.) 1 YES 2 NO Specify: Vin1 te					RACE — American Indian Black, White, etc. Specify: Vnite	
	LETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondery (0-12)	16a. DE (Gi life.	CEDENT'S ive kind of Do NOT u	USUAL Of work done (se retired.)	CCUPATIO	ON st of worki	ng	16b. KIND OF BUS	SINESS/INDUSTF	RY	
انه	MP	12	(0)	Нó	usev	rife				Home	maker	
at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Orlando Giar	dano	Giordano				18. MOT	HER'S NA	Marion rio Rodi	a	
be notified	TO B	John W. Janne	lli lli	100						Route Number, City or Tow		08012
must be		John W. Jannelli 20e. METHOO OF OISPOSITION W Burlet 2 Cremetion 3 Removel from State PE Donation 5 Other (Specify) 38 Scotch Dr. Turnersville, N. J. 08012. 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) HILLCREST MEMORIAL PARK HARFFVILLE N. J.										
examiner must		21. SIGNATURE OF SHAERAL SERVICE LIC		.ln		22. E	NAME AI	FUN	SS OF FA	CL HOME	Egizi	08012 ille,N.J
		23. PART Enter the diseases, or	complications the	et ceused the de	eth. Do	not enter	the mo	de of dy	ing, suc			Approximat
the medical		ehock, or heert felture. IMMEDIATE CAUSE (Finel disease or condition		use on each line		ul	F	Ail	URG	سح		Onset and
rent,		resulting in deeth)	DUE TO	O (OR AS A CONSE	QUENCE O	F):	-	, , ,	- 0			1
traumatic event,	ATION	Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING	b. BON OUE TO	O (OR AS A CONSE	DUENCE O	J IF):	TR	-WO	SPL	4 NMT	MIA	2 1/2 Y
or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	O (OR AS A CONSE	DUENCE O	PF):			- 3	Corec		
ny injury.	CALC	PART II. Other significant condition	e contributing to	deeth but not i	reeuiting	in the ur	derlyin	g ceuse	given in	Pert i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA

Natural

Accider

Suicide 5 Pending Investigation Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e, PLACE OF INJURY — At home, ferm, atreet, facto building, etc. (Specify) Sulcide 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 CENTIFYING SHYSTCHAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. th occured at the time, date end place, end due to the ceuse(e) end manner as stated. 29d, DATE SIGNEO (Month, Day, Year) 0350

OTHER:

28c. INJURY AT WORK?

1 YES 2 NO

4 🗆 Nun

28b. TIME OF INJURY

26. PLACE OF DEATH (Check only one)

Home 5 - Residence 6 - Other (Specify)

24d, DESCRIBE HOW INJURY OCCURED

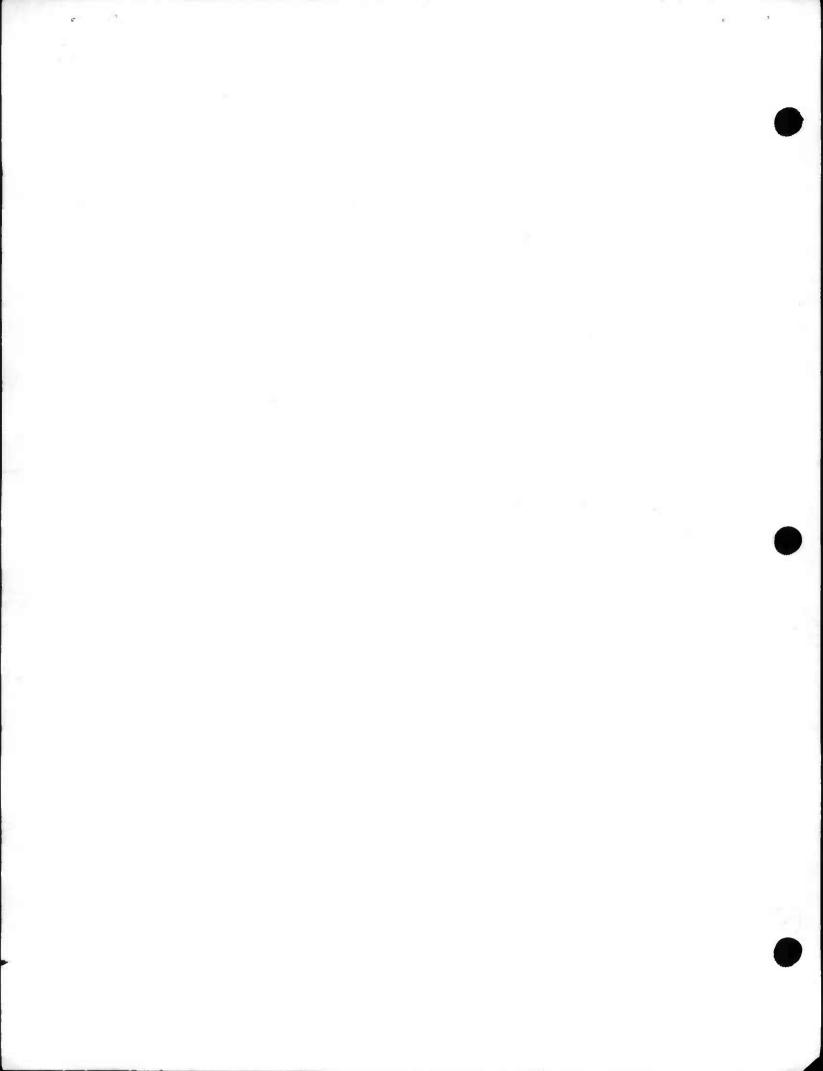
NOSPITAL:

26e. DATE OF INJURY (Month, Day, Year)

HOPKIN ON COLOGY CONTER JO HUS STEVEN 140

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randale

Inpetient 2 - ER/Outpetient 3 - DOA



	8-6-90 cm							, , , , , ,		
	FOR STATE REGISTRAR	STATE OF MARY		RIMENT OF		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAF	3. TIME OF DEATH		
	Irvin	Fre	ederick_	Krie	eger, Jr.	6-7-90		12:22AM M		
	214-68-7104	1√√M 2 □ F	E (In yrs. lest birthday) 32 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-22-5	8 M	ATHPLACE (State or Foreign Intry) aryland		
OR	90. FACILITY NAME (If not institution, give stre Showell Poultry	et and number)		96. CITY, TOWN	OR LOCATION OF DE Vell	ATH	9c. COUNTY OF	ter County		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Card	oline		ty, town or Loc deralst				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	Box 107 Idle	vild Road	•		01. ZIP CODE 2163	2		U.S.A.		
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, epecify Cuben, Mexican, Puerto Rican, stc.) 1 ☐ YES 2 ☑ NO Specify: 1 ☐ YES 2 ☑ NO Specify:						
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementery/Secondery (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of	s usual occupa work done during a use retired.)	nost of working	186. KIND OF BU		(
BE COM	_{Sumame)} ker Kr	ieger								
TO B	n, State, Zip Code) eraslb	urg,1633								
	cation — chy o derals	Town, State								
: 1	21. SIGNATURE OF FUNERAL SERVICE LICE Mileaul 7.	Ensee Galeru		Fra		сыту Wkins Fu Gederalsb				
	23. PART I. Enter the disease, or conshock, or heert fellure. I. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	METHAMPHE	eech line.	not enter the r NTOXICAT Cardiov	node of dylng, euc	h es cerdiec or reep		Approximete Interval Between Onset and Deeth		
CERTIFICATION	Sequentielly liet conditions, if eny, leeding to immediate ceuee. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	i.	S A CONSEQUENCE							
		I.								
PHYSICIAN: MEDICAL (PART II. Other eignificent conditions ARTERIOSCLEROTIC	-			ing cause given in	Part I. 24s. WAS AF PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXX ES 2 NO		
ä										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C)		-			
YSI	1XXES 2 □ NO	1 Inpstient 2 ER/C		4 - Nureing H	ome 5 🗆 Residence		Scene			
ВУ РН	27, MANNER OF OEATH The true of true of true of the true of t	28e. DATE OF INJUI (Month, Day, Yea 6-6-9)	ar)	M 1 [INJURY AT WORK? YES 2 NO		INGESTEI	D DRUGS		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (S AT WORK	ury — At home, ferπ Specify)	ı, street, fectory, o	TTIC®	28f. LOCATION (Street City or Town, State SHOWELL P	OULTRY,	SHOWELL, MD		
COMPLETED	(Check day	CIAN: To the best of my kr			T20-50-31-31-7			se(s) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU OCME	MBER		NED (Month, Day, Year) 6-8-90		
	30. NAME AND ADMITTES OF PERSON WHO	A CAMPI ETED CALLEE OF	DEATH ATEM OF A	no (Delet)						

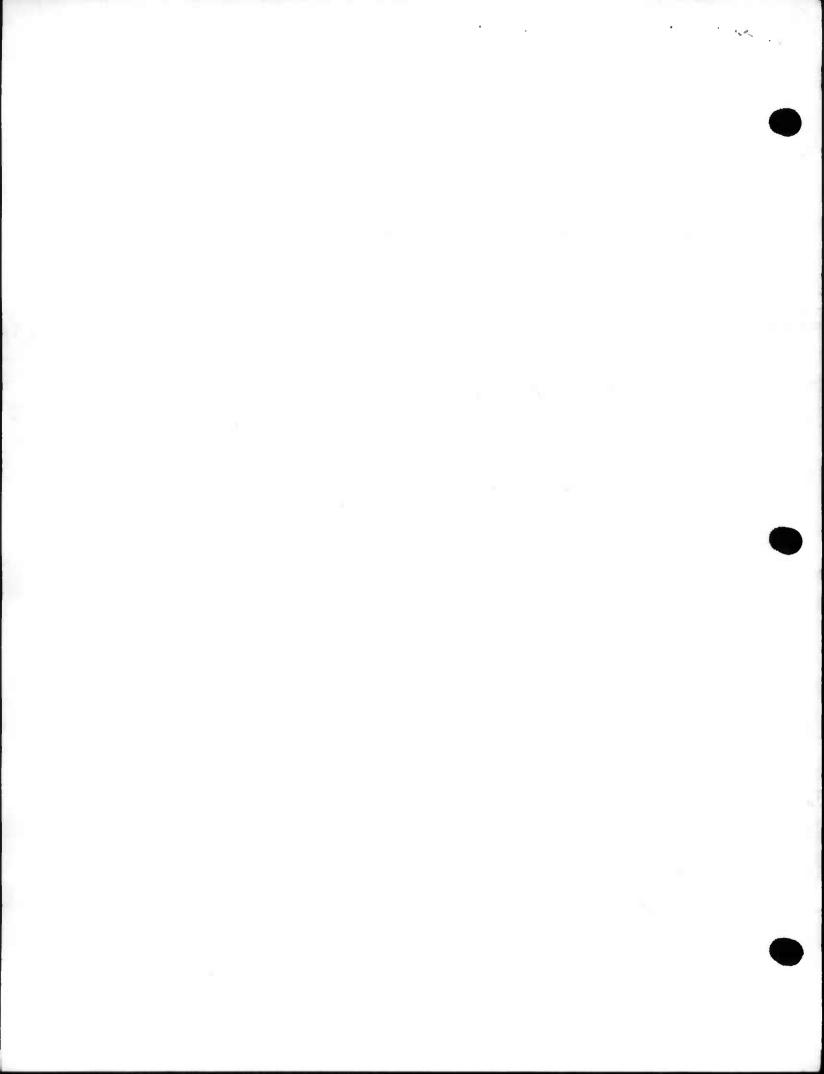
James Kaplan, MD APLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
111 Penn Street, Baltimore, MD 21201 Davidson-Randall

11IN 20 '90

31. DATE FILED (Month, Day, Year)

OHMH-16 Rev 1/89

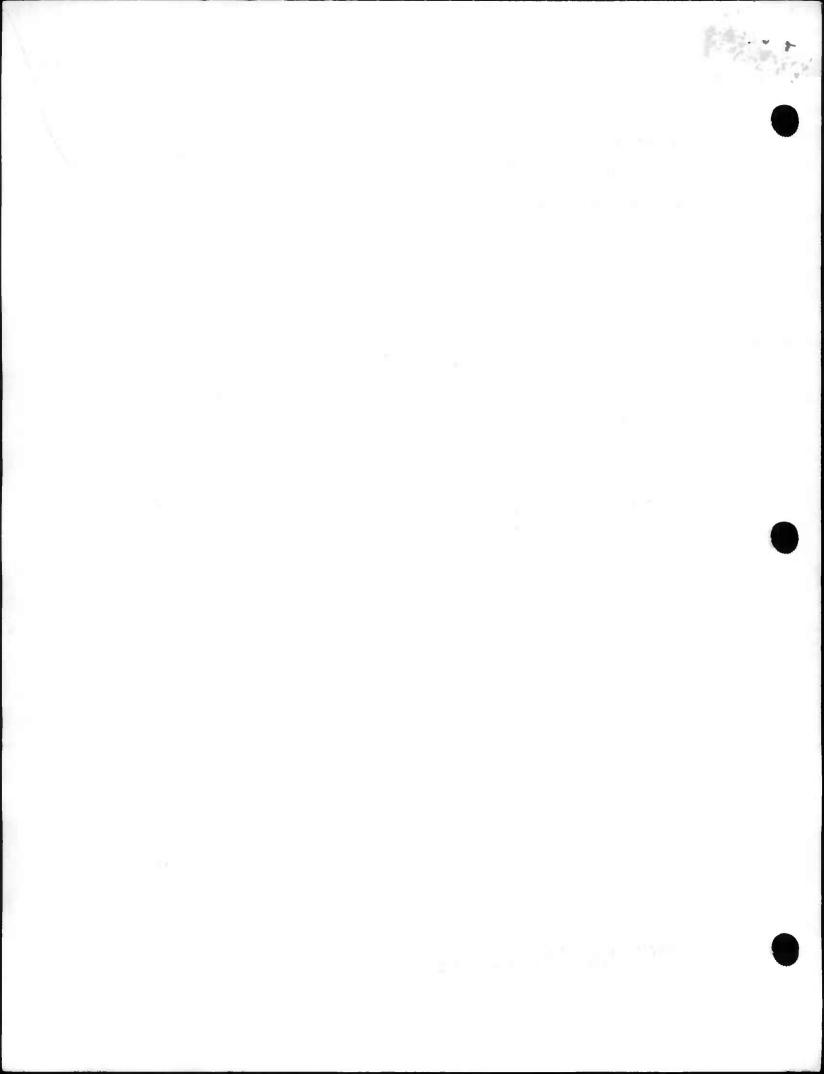
VC



nerdellen		ONCE.
3		70
DINONE	e Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 23 shows any Injury or other traumatic event, the medical examiner must be notified at once.
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						91	183/4
	FOR STATE OF MARYLAND / !		ENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Y YEAF	3. TIME OF DEATH
	Virginia Beatrice Kirby				06-13-9		М
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last	MON	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		TTHPLACE (State or Foreign intry)
	214-38-0626 1 M 2 XF 70	YRS.		154	10-30-19		cyland
"	9s. FACILITY NAME (If not institution, give street and number)			R LOCATION OF 0	EATH	9c. COUNTY O	FDEATH
Ē	2169 Johns Hopkins Road	G	ambri	lls		Anne A	rundel
8	10s. STATE 10b. COUNTY		WN OR LOCAT				10d. INSIDE CITY LIMITS?
ā	MD Anne Arundel	Gamb	rills				YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
Ä	2169 Johns Hopkins Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM			1054	NIC ORIGIN? (Specify Yes	USA	
교	1 Never Merried 2 Married FORCES? 1 YES 2 TO NO. Arms)	if yes, spe	city Cuben, Mexic	en, Puerto Ricen, etc.)	8	ACE — American Indian, sck, White, etc.
B≺	3 Wildowed 4 Divorced		1 YES	NO Speci	ry:	3	White
COMPLETED	15. OECEDENT'S EOUCATION 16a. DEC (Specify only highest grade completed) (Give	EDENT'S USU	AL OCCUPATIO done during mos ired.)	N st of working	16b, KIND OF BUS	BINESS/INDUSTR	1
9	Elsmentary/Secondary (0-12) College (1-4 or 5 +)				TTO:	seholo	3
₩	17. FATHER'S NAME (First, Middle, Last)	sewif	e		AME (First, Middle, Maiden		
BE CC	Myron E. Clark				e Lowman	Surname)	
10					Route Number, City or Towns Road, G		
	20s. METHOD OF DISPOSITION XIX Burlsi 2 Cremetton 3 Removal from State	F DISPOSITIO	N (Name of cen	netery, crematory or	20c. LO	CATION — City or	Town, State
		tephe			emetery C	rowns	ville,MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			STV FI	neral Hon	e P.A.	
	Huld . Surge C.		851 A	nnapol	is, Road	l, Gaml	rills, MD
	23. PART I. Enter the diseases, or complications that caused the des						Approximate Interval Between
	IMMEDIATE CAUSE (Final	0.11	1	1 _	+ faile		Onset and Death
	disease or condition resulting in death) a. Our To (DR As A CONSEQ	100	V	learit	Face	vee	
_	DUE TO JOH AS A CONSEGU	MENCE OF:					
ERTIFICATION	Sequentially list conditions, If any, jeeding to immediate	UENCE OF):					
8	CAUSE (Disease or injury						
틸	that initiated events reculting in death) LAST	UENCE OF):					
띩	d						
	PART II. Other eignificent conditions contributing to death but not re	sulting in th	he undarlylnç	g cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL					1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH?
M							1 YES 2 NO
ž							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		THER:	ACE OF OEATH (C	heck only one)		
×	1 YES 2 10 1 Inpetient 2 ER/Outpetient 3 27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF	Nursing Hom 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW I	N.IIIBY OCCUBE	
	Netural 5 Pending (Month, Day, Year)	INJURY	M 1 🗆	RK?	Est. SEGUIDE NOW		_
ВУ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home building, etc. (Specific)	ne, farm, street	rt, factory, office	•	281. LOCATION (Street		ral Route Number,
COMPLETED	4 Homicide determined building, etc. (Specify)	- 1			City or Town, State)		
2	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dea	ith occurred at	t the time, dats	and place, and du	s to the cause(s) and ma	nner as atated.	
0	one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or is	nvestigation, In	n my opinion, d	eath occured at th	s time, date and place, ar	nd due to the csu	se(s) and manner as stated.
BE C	29b. SIGNATURE AND TUTLE OF CERTIFIER			29c. LICENSE NU			NEO (Month, Dey, Year)
5 8	ay V			1136	900	6	-15-90
-	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM		70 7	2750	-9300		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	H , Λ	-CD	100	, 500		
	JUN 2 1 1990 deli x						
	Julia Davidson Randalle						DHMH-16 Rev 1/8

heridson- Mondelle



1 - STATE REGISTRAR		STATE OF N		/ DEPAF ERTIF					MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, I	Middle, Last)								2. DATE OF OEATH			3. TIME OF DEATH
Mary Katherine Katski								MONTH 06-12-	9 O	YEAR	м	
4. SOCIAL SECURITY NUMBER 5. SEX - 8. AGE (In yrs. last birthday)						ER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign
219-12-42	292 1	☐ M 2 🗶 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	04-22-	23		hington,DC
9e. FACILITY NAME (If not inst	titution, give street	t and number)			9b. Cl	TY, TOWN O	R LOCATI	ON OF DE	ATH	9c. CO	UNTY OF D	
Pleasant		g Nurs	ing Ce	entei	1	Edge	wate	er		Ann	e Ar	undel
RESIDENCE OF DECI	10b. COUNTY			10c. CIT	Y TOWN	OR LOCAT	ION					10d. INSIDE CITY
MD	Anne	Arunde	1			ooli						LIMITS?
10e. STREET AND NUMBER						101	. ZIP COO	E		10g. CI	TIZEN OF V	WHAT COUNTRY?
P. O. Box	4066						2140	13			USA	
11. MARITAL STATUS	12	. WAS DECEDEN			13	. WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify		14. RACE	— American Indian,
1 Never Merried 2 1 kg	- 111	FORCES? 1	YES XXX	ľνο		If yes, spe			n, Puerto Rican, etc.)		Spec	k, White, etc.
							20					White
(Specify only	DENT'S EDUCAT highest grade cor	mpleted)	S	ECEDENT'S Give kind of e. Do NOT u	work don	e during mo	St of working	ng	16b. KIND OF I	USINESS/IN	IOUSTRY	
Elementary/Secondary (0-1	12)	College (1-4 or 5 -	-) "			∋wif∈	_		Чои	ahol	a	
17. FATHER'S NAME (First, Mic	idle, Last)			п	Juse	SMTT		HER'S NA	ME (First, Middle, Maid	shol an Surnama)	u	
Joseph Ed		ones							e Litt		rđ	
19a, INFORMANT'S NAME (Ty)		Ones	- 1	9b. MAILING	ADDRE	SS (Street a			Route Number, City or			
Judith Ne	ester			P. 0) . I	3ox	4066	5 . A	nnapoli	s - M1	D 2	1403
200 METHOD OF DISPOSITIO	NA.		20b. PLACI	OF DISPO						LOCATION -		
19 Burial 2 Cremation 4 Donation 5 Other	Specify)	I from State		Lir	ico.	Ln_C	emet	ery	В	rent	boow	, MD
21. SIGNATURE OF PONERAL	SERVICEN LICEN	568 / /	/			2. NAME AN			CILITY			
* Dall	4 6	chel h							neral H Avenue,			ic MD
23. PART I. Enter the dis												Approximsta
ahock, or ha IMMEDIATE CAUSE (Fina		t only one cau	sa on asch iir	ia.								Interval Between Onset and Death
disesse or condition		Pneur	nonitis	du	9 -	to a	S 12	iva	tion			2 days
resulting in death)	, s	DUE TO	(OR AS A CONS	EQUENCE C	F):	1	C	1 1	,,,,			1
Sequentially list condition	b.	Trach	20-23	soph	19	eal	tis	tula				year
if any, lesding to immed	iata	DO DUE TO	OR AS A CONS	EOUENCE	(F): (J	-1.	J	1.				1
CAUSE (Disease or injur		Tersis	TRUIL I	Jast	1003	ropho	29 46	U Y	etux			lyear
that initiated events resulting in death) LAST		Time	to t	10	ar.	0000	haa	00	Sphinet	77		1987
	d	n comp	ejenc	WW		esof	J		Sprinc	71		1707
PART ii. Other aignifics		f 4	K [1 .			_	/ PERI	AN AUTOPS'	Y 248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Persistent		tative	-	101	OW	mg p	100	nger	1 TYES	2 NO		OF DEATH?
cerebral	hypoxi	a (198	37)			/ 1			_	'\		1 - YES 2 - NO
<u></u>												
25. WAS CASE REFERRED TO EXAMINER?	F	IOSPITAL:	Tempo de la companya de la companya de la companya de la companya de la companya de la companya de la companya	• • • • • •	ОТН	ER:			eck only one)			
1 YES 2 NO	1	Inpatient 2	· · · · · ·	3 ∐ DOA 28b. Till		lursing Hom 28c. INJ		ealdenca	S Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCUREO	
1 Netural 5 F	Pending	(Month, D			JURY	WO	PK?	□ NO	200, 020011102 110	w meetin o	0001120	
2 Codelds —	nveatigation		F INJURY — At I	nome, farm,	street, fr				28f, LOCATION (Stre	et and Numb	er or Rural	Route Number,
9 0	Could not be latermined	building,	atc. (Specify)						City or Town, St.	ite)		
29a. CERTIFIER	FYING PHYSICIA	N: To the best of	my knowledge	double occur	rad at th	e time, date	and place	and due	to the cause(a) and	nannar aa s	teted	
CONSULT OTHY		_										e) and menner as stated.
29b. SKINATURE AND THILE		1										
(Narloo	296. SIGNATURE AND THILE OF CERTURIER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year) 105928											
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF OEATH (IT	EM 27) (Typ	e, Print)		V	1	,	1	·	10,11
Charles	W. k	Sinze	r. M	D, 18	33.	AFo	rest	Dr.	Annapa	lis, N	lary	land
JUN 2 1 1990	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE JUN 2 1 1990 Suha Davidson-Rondelle											

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Julia Davidson-Rondelle

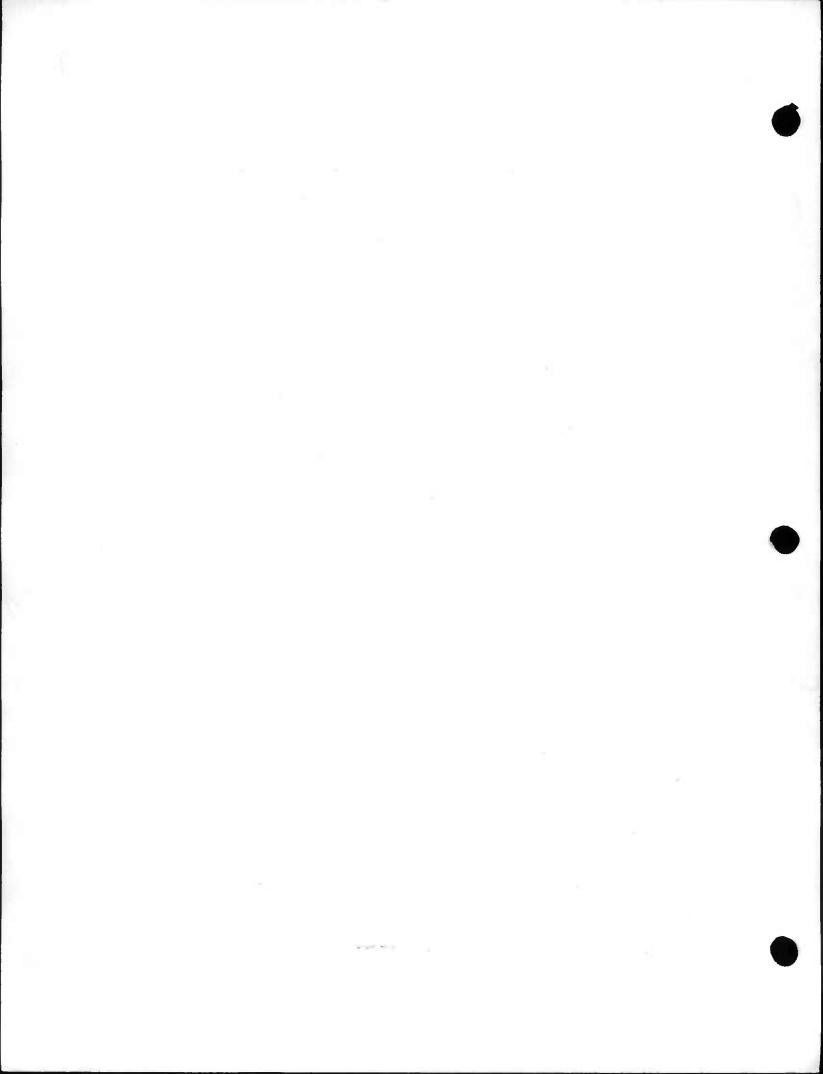
FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to buriat, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	TOR
	FUNERAL DIREC
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ai examiner mus	
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matic event	NOI
ry, or other trau	CERTIFICAT
vs any inju	EDICAL
m 23 shov	SIAN: M
rked, or ite	PHYSIC
1 28 is ma	TED BY
IMPORTANT: It Item 28 is marked	TO BE COMPLETED BY PHYSIC
IMPORT	TO BE

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	ERTIFICATE	OF	DEAT	ГН		REG. NO.

1 - STATE REGISTRAR				CERTIF	ICATE C	OF DE	ATH		REG. N	10.		
1. DECEDENT'S NAME (First	Middle, Last)								E OF DEATH			3. TIME OF DEATH
Linda Lee	Kauf	Eman						Jun	ie 18,	1990	YEAR	M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1 YE	AR IF U	INDER 24 HRS.	7. DATE	E OF BIRTH		8. BIRTI	HPLACE (State or Foreign
218-50-3200		1 M 2 Q F	42	YRS.	MONTHS DA	YS HOU	MRS MIN.	Δ110	oth, Day, Year)	1947	Count	ryland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)	12		9b. CITY, TO	WN OR LO	CATION OF DE		• 119	_	UNTY OF D	
Washington	Count	y Hospita	al		Hage	rstov	m				Wash:	ington
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	OCATION						10d. INSIDE CITY LIMITS?
Maryland		hington		Ha	gersto							1 X YES 2 NO
63 Madison		e				101. ZIP (1740				SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 🖔 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	If yes	e, specify (ENT OF HISPAN Cuban, Mexica (NO Specify	n, Puerto			14. RAC Blec Spec	E — American Indian, ik, White, etc. White
	EDENT'S EDU			16a. DECEDENT'S	USUAL OCCUI		working	16	Sb. KIND OF	BUSINESS/II	DUSTRY	5.
Elementary/Secondary (6		College (1-4 or 5	+)	ille. Do NOT u	se retired.)				1			
12 years				homema	aker					ome		
17. FATHER'S NAME (First, M							MOTHER'S NA					
Roger Euge		acy, Sr.					a Etti		May G			
19a. INFORMANT'S NAME (ADDRESS (Str							
Frances M.		/	1	1020 (над				and 21740
20s. METHOD OF DISPOSIT 1 X Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b.	other place) edar Lav	n Memo	orial	. Park			agers	•	, Maryland
21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significa	ant condition	ns contributing to	death bu	at not resulting	in the under	rlying cau	use given in	Part I.	24a. WAS	AN AUTOPS	Y 24	b. WERE AUTOPSY FINGINGS
										FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH?
25. WAS CASE REFERRED T	O MEDICAL					26. PLACE	OF DEATH (Ch	eck only	one)			
EXAMINER?		HOSPITAL:	ER/Outpo	etlent 3 DOA	OTHER: 4 Nursing	Home 5	☐ Residence	8 🗆 Ott	her (Specify)			
	Pending Investigation	28a. DATE Of (Month, I		28b. Yil	JURY	c. INJURY WORK?	AT NO	28d. D	EȘCRIBE HO	W INJURY C	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY	— At home, ferm,	street, factory,	office		281. LC	OCATION (Str ity or Town, Si	eet and Numi ate)	per or Rural	Route Number,
CONSCR DRIFT 7		ICIAN: To the best of	-				•					(a) and manner as stated.
296. SIGNATURE AND TITLE TEFFRE	OF CERTIFIE	Taylor	y 2	M.D.	2 , M.	D . 29c	D 33		9	29d. D	ATE SIGNE	D (Month/Day, Year) 18 9 0
JEFFREY	A	HO COMPYETED CAL	D.	324 E.1	ANTIETO	AM S	T. Sen	le 3	63, HA	6ERST	יאשס	Md. 21740
31. DATE FILED (Month, Day,	-	32. REGISTR	AR'S SIGN	Naviden-	Andrease.							



TO BE COMPLETED BY FUNERAL DIRECTOR

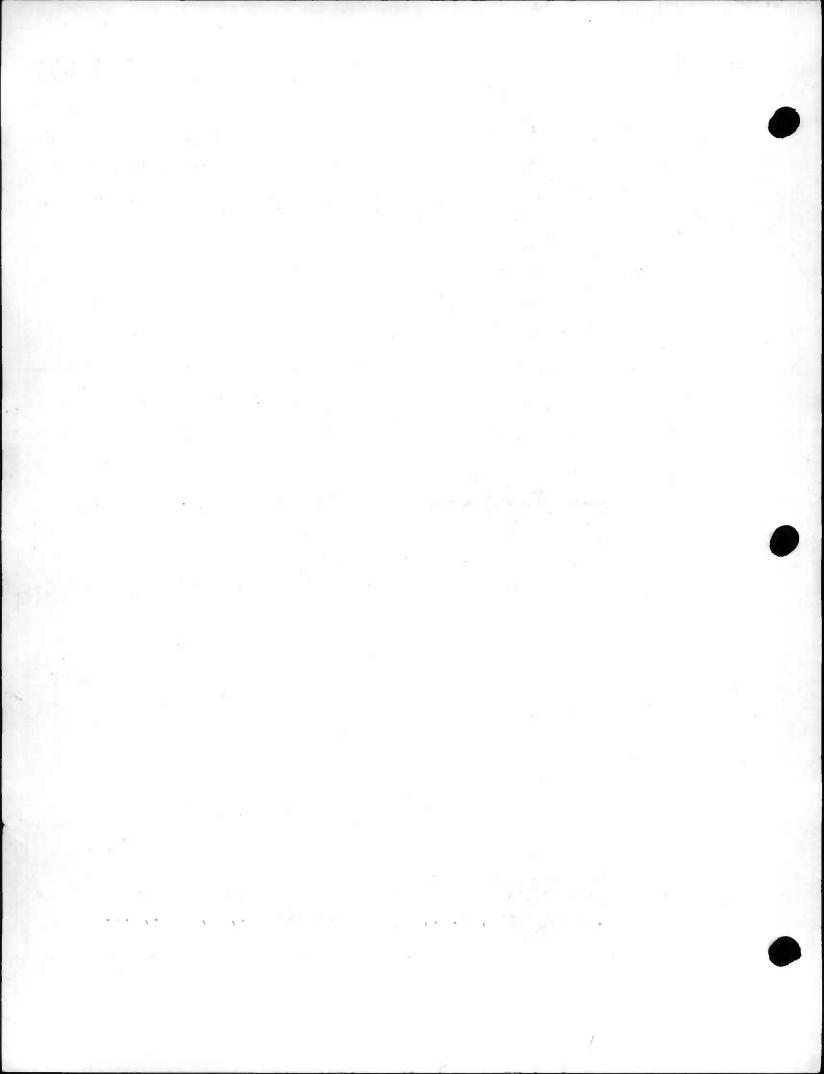
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-tramit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				YGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) THOMAS		I HER.			2. DATE OF	DEATH DAY	9 O	3. TIME OF DEATH
021-07-0274-1	1 2 m 2 - F	3 / 5/2 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		04-09	Country	SH. D.C.
90. FACILITY NAME (If not institution, give stre Bethes de Katur RESIDENCE OF DECEDENT	et end number)		96. CITY, TOWN	or Location of De		9c. C	COUNTY OF DE	Tymery
10e. STATE 10b. COUNTY			TOWN OR LOCA	n, D.C.				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2737 Devonshire Pi	lace, N.W.		10	20008			U.S.A.	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X XNO	If yes, s	CENDENT OF HISPAR pecify Cuben, Mexica S 25 NO Specify	n, Puerto Rice		14. RACE Black Specif	- American Indian, , White, etc. y: White
15, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo	ork done during m retired.)		110000	NO OF BUSINESS		
17. FATHER'S NAME (First, Middle, Last) Thomas F. Keliher		Filysic	Idu	18. MOTHER'S NA	ME (First, Midd	Medicin Medicin Sumen Onahue		
19a. INFORMANT'S NAME (Type/Print) Ann R. Keliher	2			end Number or Rural	Route Number, (City or Town, State		20008
20s METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remov	rel from State	PLACE OF DISPOSIT other place)		emetery, crematory or		20c. LOCATION		wn, State
21. SIGNATURE OF FUNERAL SERVICE LICE	& M. Q.	*	Josep	h Gawler	ts Son	s, Inc.	,	.B.C.20016
23. PART i. Enter the diseases, or co shock, or heert fellure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST	DUE TO (OR AS A		og heart Joan F		re Ha	cor reepiratory	ALMAR	Approximate Intervel Between Onset and Death 3 Corr
PART II. Other significent conditions	contributing to deeth be	ut not resulting in	the underlying	ng ceuse given in		a. WAS AN AUTOF PERFORMED?		WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	f HOSPITAL: 1 □ Inpatient 2 □ ER/Outp	ntient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch		(pec/fy)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		IBE HOW INJURY	OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		reet, factory, off	Ice		ON (Street and Nui fown, State)	mber or Rural R	loute Number,
(ondon only	IAN: To the best of my knowl : On the basis of examination) and manner ee stated.
296 SIGNATURE AND TITLE OF CENTILIER	ely of	2		29c. LICENSE NU	MBER	29d.	C/12	(Month, Day, Year)
James E. Fitz				ervoir	Rd.,N	W,Wash	n.,D.(C.
JUN 1 9 '90	Julia Davidson	- Aandall						DHMH-16 Rev 1/8





DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

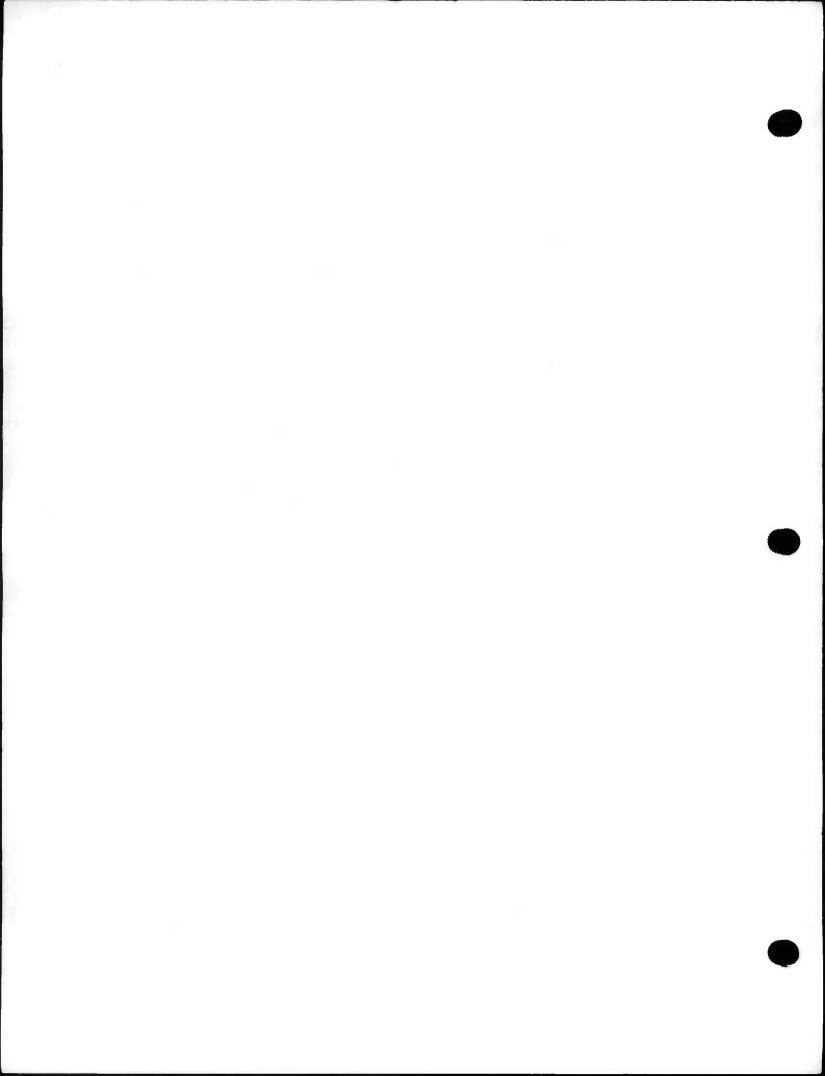
2	9	£
2	at a	à
	5	pa
3	uires	Sign
	red	need
3	law.	las t
1	E S	ite h
5	ICIAN:	ertifica
5	PHYS	this c
5	DING	After
DIVISION OF VITAL RECORDS	ATTEN	ECTOR:
Ś	DR	DIR
_	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the
	뿚	표
	2	2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE O	DEATH	REC	a. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE.	ATH DAY	YEAR	3. TIME OF DEATH		
Dennis	Michael Michael		Kitc	hen	6	9	90	9:40 A M		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR		7. DATE OF BIR	тн	6. BIRTI	HPLACE (State or Foreign		
Unavailable	1 🔯 M 2 🗆 F	29 YRS.	IONTHS DAYS	HOURS MIN.	Nov. 1			hington, DC		
9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE			DUNTY OF D			
2207 Chapman	Avenue		Ade	lphi		Pr	ince	George's		
RESIDENCE OF DECEDENT						111	THEE	OCOI gc 5		
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
Maryland Prince George's Adelphi 1 ∑x ves 2 □ NO										
10e. STREET AND NUMBER				IO1. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?		
2207 Chapman Road	đ			20783		U.:	S.A.			
11, MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED		ECENDENT OF HISPAN			14. RAC	E American Indian, ik, White, etc.		
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Specify		atto-)	Spec	city:		
		-	1					White		
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPA ork done during	TION most of working	16b. KIND	OF BUSINESS/	INOUSTRY			
Elsmentary/Secondary (0-12)	College (1-4 or 5+)		ŕ							
	Vone	Carpet :	Instal			ith's (ting		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		Maiden Surname	9)			
John W. Kitchen				_	a Dearo					
19a. INFORMANT'S NAME (Type/Print)	(25 . 4 .)			t and Number or Rural	The same of the same of			241		
Juanita Kitchen	<u> </u>			Road, Hy						
20e. METHOD OF DISPOSITION 1 X Buriel 2 Crementon 3 Rem	oval from State	b. PLACE OF DISPOSITION other place)				Represent		own, State Maryland		
4 Donation 5 Other (Spegfly)		ort Linco	1n Cem	etery		DICIICW	JOU , .	raryrand		
21. SIGNATURE OF FONETIAL SÉRVICE LICENSEE / 22. NAME AND ADORESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.										
1 Task 18	1 Juntos	~	4739	Baltimor	e Ave.	Hvetter	ar 110	Md. 20781		
23. PART I. Enter the diseases, or								Approximata		
shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause on a	ach line.						Onset and Death		
disease or condition	. Hanging									
resulting in death)		A CONSEQUENCE OF)	:							
	h									
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:							
cause. Enter UNDERLYING CAUSE (Disease or Injury	C									
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:							
resulting in death) LAST	d									
PART II. Other aignificant condition	as contributing to death	but not reaulting in	the underly	ing ceuse given in	Part I. 24a.	WAS AN AUTOP:	SY 24	b. WERE AUTOPSY FINDINGS		
						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	4 5				— l \	YES 2 - NO		OF DEATH?		
					_			1XXYES 2 □ NO		
A. W. O. O. O. D. F. F. F. D. J. F. O. O. O. O. O. O. O. O. O. O. O. O. O.										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C)						
1X YES 2 NO	1 Inpetient 2 ER/Out	patient 3 L DOA 28b, TIME		ome 5X Residence		E HOW INJURY	OCCUPED			
1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY	WORK?				1.0		
2 Accident Investigation	6/9/90 28s. PLACE OF INJUR	Y At home form of	1.	YES 2 NO		t hang				
3 X Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	ecify)	reet, tectory, o	mee	City or Tow	n. State)		Adelphi,MD		
		home		-	2207 61	apman	Ave,	Adeiphi, Fib		
forece only	ICIAN: To the best of my know									
2 X MEDICAL EXAMINI	ER: On the basis of examinati	on end/or investigation	, in my opinio	n, death occured at the	time, date end p	lacs, end due t	o the ceuse	(s) and manner as ataled.		
296. SIGNATURE ARD TITLE OF GERTIFIE	A			29c. LICENSE NU	MBER	29d.	OATE SIGNE	D (Month, Day, Year)		
1 cm	^				OCME	•	6/10/	90		
30, NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF O	EATH (ITEM 27) (Type,	Print)							
James A. Kap	lan, M.D	Assistant		111 Penn	St.	Balto	.MD	SS		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG									
JUN 15 90	Lilia Tavidan 7									





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR					CE	RTIFI	CATE O	F DE	EATH			REG. NO					
1. DECEDENT'S NAME (First,					,						DATE OF	OEATH D		YEAR	3. TIM	E OF DEATH	0
SPi	ROS	(NM	I) K	ALL	M	AN	15.				MONTH -	- (5		PAR	6.	40	M
4. SOCIAL SECURITY NUME	BER	5. SI	EX	6. AGE	'In yrs. last	birthday)	IF UNDER 1 YEAR	R IFU	UNDER 24 NF	RS. 7.	OATE OF	витн 1	_	8. BIRT	HPLACE	(State or Fort	əign
096-16-3069		1)	(M 2 🗆 F		75	YRS.	MONTHS DAY	HOU	VRS MII	N.	04	05	15	Gre	ece		
9a. FACILITY NAME (If not in	stitution, gi	ve atreet ar	id number)				9b. CITY, TOW	N OR LO	CATION O	F DEATH			9c. COU	NTY OF	DEATH		
Leland Memor		_	ital				River	lale					Pri	nce	Geo	rge's	
RESIDENCE OF DECEDENT 10e. STATE																	
Maryland	Pı	cince	Geo	rge's		W.	Hyatts	svil	le.							YES 2 🗌 N	10
10e. STREET AND NUMBER				•				10f. ZIP						IZEN OF		OUNTRY?	
3206 Kimber	ly Ro	oad						2	0782				U	·S.A	4.4		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puarto Ricen, atc.) 14. RACE — American Indian, Black, White, atc. Specify: White																	
15. DEC (Specify onli	EDENT'S I				16a. DE(CEDENT'S I	USUAL OCCUP/ ork done during retired.)	ATION most of a	working		18b, K	INO OF BU	SINESS/IN	OUSTRY			
Elementary/Secondary (6)-12)	Non	lege (1-4 or	5+)		f - (W ₀	rious	. Doo	+	on t		
None			ie		Cile	T - (JOOK	- 40			1	I I O U.S.		Laur	ant	<u> </u>	
17. FATHER'S NAME (First, M. Unavailable	iiddie, Last)								Unav			idle, Maiden	Surnama)				
19e. INFORMANT'S NAME	Sme/Drint)				101	MAILING	AOORESS (Stre					City or Tou	n State 7	'n Codel			
Gladys Kall:		is (9	hous	e)	1		Kimber]								20	782	
209 METHOD OF DISPOSIT		15 (0	pous				ITION (Name of				my a		CATION -				
1 XBurial 2 Crematic	on 3 🗆 F	temoval f	rom State		other ple	ice)				, 61							
Fort Lincoln Cemetery Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.																	
Mark	1	18	rel	uhn	~											P.A. d. 20	781
23. PART L Enter tha d shock, or h							ot entar tha	moda o	of dying,	such a	e cerdie	c or resp	iratory e	rreet,		Approxima Intarvai Be	
IMMEDIATE CAUSE (Fin		ira. List t	nny ona c	Jause on e	ech iina	•										Onset and	
disease or condition resulting in death)	\rightarrow	a	F	> <1	ST	5	myo	CK	TUD	IA		ICIF	AR	CTIE	34	622	gon
			DUE	TO (OR AS	A CONSEC	DUENCE OF):										
Sequentially list condit	lone	Ь	C.	020	CA	24	And	€ 0	7	16	2 Z	476	=				
if any, leading to imma ceues. Enter UNDERLY	dlata		DUE	TO (OR AS	A CONSEC	DUENCE OF):		,						ŀ		
CAUSE (Disease or Inju		c	OUF	TO (OR AS	CONSE	DUENCE OF	n-								-		
thet initiated events resulting in death) LAS	т	1	002	TO (OIT NO	CONSE	JOENOE OF	,.								į		
		a															
PART II. Other eignifice	ent condi	tione co	ıtributing	to death I	out not r	eeulting I	n the underly	ying ce	use give	n In Par	rt I. 2	PERFO		24	AVAILA	AUTOPSY FII ABLE PRIOR	TO
											- '	1 TYES	2 🗌 NO		OF DE	LETION OF C ATH?	AUSE
											-				1 🗆 '	YES 2 N	Ю
25. WAS CASE REFERRED T EXAMINER?	O MEDICA	но	SPITAL:	10			OTHER:	. PLACE	OF OEATI	H (Check	only one)						
1 YES 2 NO		10		2 ER/Out	patient 3		4 - Nursing I										
	Pending		(Monti	OF INJURY h, Day, Year)		28b, TIMI INJ	URY	WORK?	2 NO		id. DEŞC	RIBE HOW	INJURY O	CCURED			
a C a tit	Investigati		28e. PLAC	E OF INJUR	Y — At ho	me, ferm, s	treet, factory, o					TION (Street		er or Rura	Route N	umber,	
4 Homicide	detarmine		buildi	ng, atc. (Spe	icify)						City or	Town, State)				
29a, CERTIFIER (Check only	TIFYING P	HYSICIAN:	To the ber	t of my know	vledge, de	ath occurre	d at the time,	date and	placa, and	d due to t	the ceus	e(a) end me	nner as st	sted.			
anel .							n, in my opinio								(e) end r	nenner ea si	sted.
29b. SIGNATURE AND TITLE	E O CERT	FIER	100		MO			290	c. LICENSE	ENUMBE	R		29d. O/	TE SIGNE	O (Monti	a, Day, Year)	
K	or	44.11	AMA						719	F7	20		•	6 13	190)	
30. NAME AND ADDRESS O	F PERSON	WHO CO	MPLETED C	CAUSE OF D	EATH (ITE	M 27) (Type,	Print)	2	h 0	10	R	ivu	1-6	^	1	257.	2 2
1 - 1 1 1 7 C () E	17.1	1 ((-)	CAA	6. 1	13	NY	KJIKA.	62 0	(17)	1 19 5		1 401	200	, 6 Y	11	104.	1 +

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT; it Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Pandago

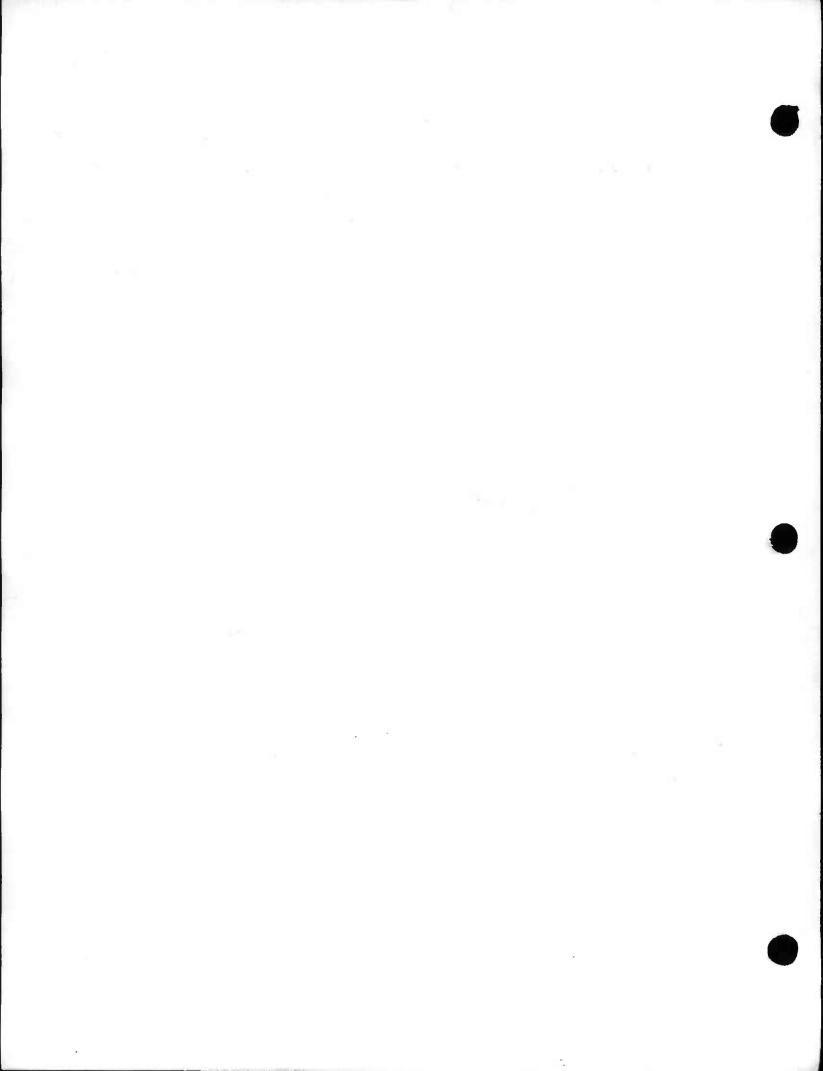
	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF				YGIENI	•		
	1. DECEDENT'S NAME (First, Middle, Last) JU	ייים אדם:	IAM KI		Q)		2. DATE OF D	EATH			TIME OF DEATH
		an King	LAM KI	NG			монтн	13	9	AR D	5 A "
1 1			In yrs. last birthda) IF UNDER t YE	R IF UNC	ER 24 HRS.	7. DATE OF BI				CE (State or Foreign Wasn.,
1 1	220-54-H84 1	OM 2 OF	JO YRS	MONTHS DA	S HOURS	MIN.	(Month, Day,	Year)	, ['	Country)	SA DC
	9s. FACILITY NAME (If not institution, give street	t and number)	1-	9b. CITY, TO	/N OR LOCA	TION OF DE	1000	1-50	9c. COUNTY	OF DEATH	
DIRECTOR	HOLY CROSS HOLP 1500 FOLEST Glen Rd Silver Spring ma MONTOON									12RT	
l Ä	10s. STATE 10b. COUNTY		10c. 0	TTY, TOWN OR LE	CATION					10d	I. INSIDE CITY
<u>a</u>	ma monto	omzrí		KOCK VI	_17					1 [ES 2 NO
A P	10e. STREET AND NUMBER				10f, ZIP CC	DE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	14304 bauer DR				2	085	3			KA	
S		2. WAS DECEDENT EVER I	N U.S. ARMED		DECENDEN'	OF HISPAN	VIC ORIGIN? (Sp		or No- 14.	RACE - A	American Indian,
1 1	1 Never Married 2 Married	FORCES? 1 YES			YES 2 N		n, Puarto Rican, y:	atc.)		Specify:	
BY	3 Widowed 4 Divorced									W	ule
8	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	(Give kind	of work done during	ATION most of wo	king	16b. KINI	OF BUS	INESS/INDUST	RY	
		College (1-4 or 5+)		use retired.)							
M M	1-12	N/A	Ac	countar	t		B.F	• Sa	ul Moi	tgag	;e
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. M		ME (First, Middle		Sumama)		
BE	Clarence	W. Soper				I I	1abel C	ook	_		
2	19a. INFORMANT'S NAME (Type/Print)			NG ADDRESS (St							
-	John E. King		14304 Bauer Drive, Rockville, Md. 20853								
5	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove	201 In from State	other place)	CE OF DISPOSITION (Name of cometery, cremetory or relace) arklawn Cemetery Rockville,							
	4 Donation 5 Other (Specify)		Parkla					Roc	kville	, Mc	i
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE / /		22. NAM H i r	E AND ADD	ness of FA	ciuty L Funer	a 1 T	Omo		
	Davis L.	Hind								o N	id. 20904
	23. PART I. Enter the diseases, or con	mplications that cause	d the death. D	_					-		Approximate
	shock, or heart failure. List only one cause on each line.									interval Between Onset and Death	
	iMMEDIATE CAUSE (Finel disease or condition	Alex Und	ا ممیدا	م بیمان							Oliset and Death
	resulting in death) a	Non- Hode	CONSEQUENCE	HPNOKA	_						
		502 10 (011 25 1	A DONGEOUEITOE	. 01).							
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE	OF:							
F	if any, leading to immediate cause. Enter UNDERLYING			,							
. D	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE	OF):							
E	that initiated events resulting in death) LAST										
	d										
7	PART ii. Other significent conditions	contributing to death I	out not resultin	g in the under	ying caus	e given in	Part i. 24s	WAS AN	AUTOPSY MED?		RE AUTOPSY FINDINGS
1 5							1,0	YES 2		co	MPLETION OF CAUSE DEATH?
											YES 2 NO
PHYSICIAN: MEDICA		· ·									
¥	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF	DEATH (Ch	neck only one)				
Sic		IOSPITAL:	patient 3 🗆 DO/	OTHER:	Home 5 🗆	Residence	6 Other (Sp	ecify)			
Η	27. MANNER OF DEATH	28s. DATE OF INJURY	28b.	TIME OF 280	INJURY AT				NJURY OCCUR	ED	
	1 M Natural 5 Pending	(Month, Day, Year)		INJURY M 1	WORK?	. NO	1				
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, fan	m, street, factory,	office		28f. LOCATIO	N (Street t	and Number or	Rural Route	Number,
TÉD	4 Homicide B Could not be	building, etc. (Spe	icify)				City or To	wn, State)			
COMPLETÉD	29a. CERTIFIER	N. To the to the state of the s	dadas da C	mara je a ili o — i	allo du e	2000		College Co	LE SOCIETA		
MP	(Check only	_								augusta) :	4
BE COM	2 MEDICAL EXAMINER:	VII (ITS DESIR OF SXRMINATIO	m and/or investig	stron, in my opini				piaca, an	u dus to the c	ause(s) an	o manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					ICENSE NU					onth, Day, Year)
ગ ≂ા	10040 1 Shapers MD D35336 > 6/13/90								- 6	U	
-		•									
TO BI	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DI				110-	44 15		U 40		0895

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31. DATE FILED (Month, Day, Year)

JUN 1 4 '90

32. REGISTRAR'S SIGNATURE



REG. NO.

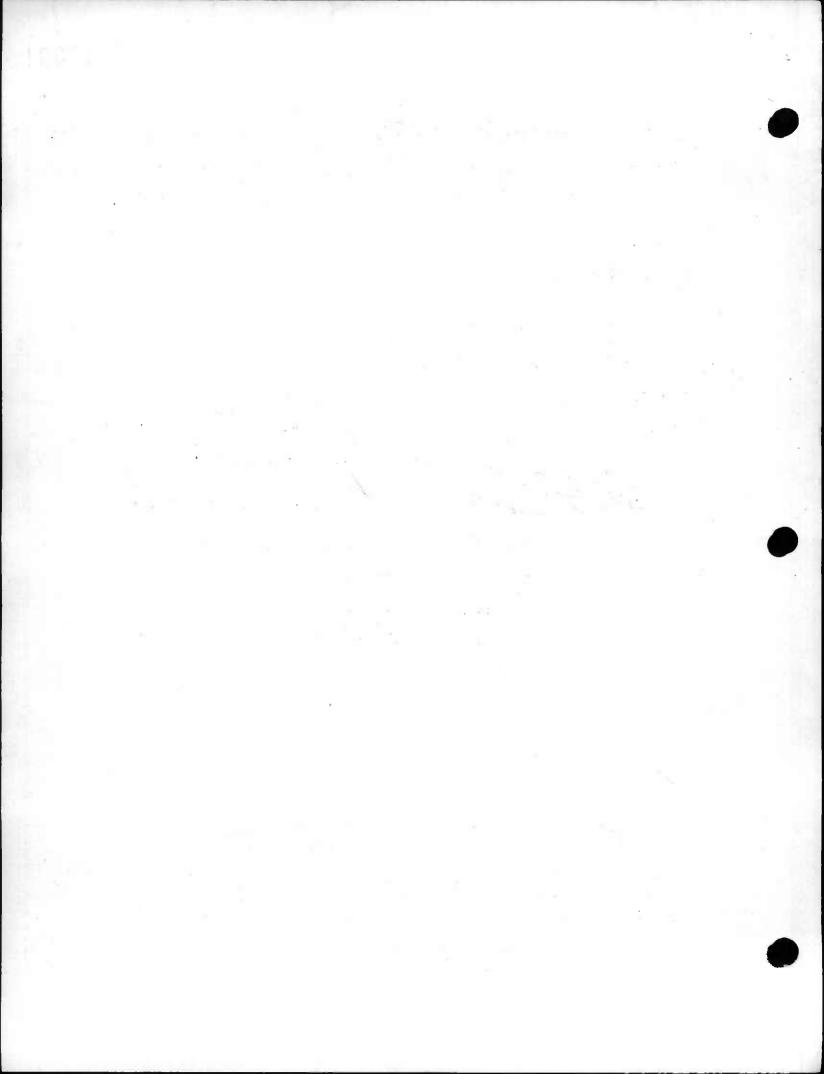
FOR STATE REGISTRAR

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RECORDS, P.O. BOX 13146,	
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1854 KITIS IUANITA 18612 7. DATE OF BIRTH (Month, Day, Year)
Dec. 14, 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 NRS. 1 M 2 F 411-50-0493 60 1929 Speedwell, Tenn Dec. funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Union Hospital of Cecil County Elkton Cecil RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 10a STATE 1 YES 2 NO Maryland Cecil ELkton 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1957 W. Pulaski Highway 21921 U.S.A. death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ricen, atc.) 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify BY 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) 8 N/A Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Mary Jane Smith John B. Harrison 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1957 W. Pulaski Hwy. Elkton, MD Thomas C. Kitts 20a. METHOD OF DISPOSITION pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION — City or Town, State must Burial 2 Cremation 3 Removal from State North East Methodist Cemetery North East, MD 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNCTAL examiner 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 S. Main St. North East, MD the 1 medical 23. PART I. Enter tha diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximata filled in by shock, or haart failure. List only one cause on each line. 0 Onset and Death IMMEDIATE CAUSE (Final (andid cremation, the disease or condition and completely resulting in death) event. DUR TO (OR AS A CONSEQUENCE OF) bunal, other traumatic CERTIFICATION Sequantially list conditions, DUE_TO (OR AS A CONSEQUENCE OF) Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING physician eumor CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) attending resulting in death) LAST 0 Mental Inlury, 24a. WAS AN AUTOPSY PERFORMED? the PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL Health and I AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 T NO peen s certificate has been the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The last Hem HOSPITAL:
1 A Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) the 6 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER-OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED is marked, death with this 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be DIRECTOR: / COMPLETED 28 4 Homicide item 8 29a. CERTIFIER 1 PCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL COMPANIENT TO THE FUNERAL COMPANIENT IN IN 2 MEDICAL EXAMINER: On the basis of axe tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) E.M. ABLANG, M.D. 200 BOW 51. ELRION

> 32. BEGISTRAR'S SIGNATURE relia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

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31. DATE FILED (Month, Dey, Year)

22. REGISTRAR'S SIGNATURE

FOR 1 - STATE	STATE	OF MARYLAN						MENTAL		E	J U	10	302
1. DECEDENT'S NAME (First, A	fiddle, Last)	eller	CERTIF Mary				H	2. DATE O	REG. NO.	1990	YEAR	3. TIME OF 8:15	
4. SOCIAL SECURITY NUMBER 219 32 5326	1 M 2	∏	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month, NOV	F BIRTH Day, Year) 27,193	34	Count	PLACE (Stell	or Foreign
90. FACILITY NAME (If not institute Howard Count RESIDENCE OF DECE	y General				t, town o		ON OF DE	EATH		9c. COL	Howa		
	OB. COUNTY Howard				OR LOCAT							10d. INSIDE	?
104. STREET AND NUMBER	Howard			CILI	cott	ZIP CODI				10a CI	IZEN OF V	1 YES	***
8523 Frede	rick Road				101.	210					S.A.	MAI COOK	
11. MARITAL STATUS 1 Never Married 2 M	12. WAS DI FORCE	ECEDENT EYER IN U.S S? 1 YES 2 GIYE WAR OR DATES	No		If yes, epe	ENDENT C	F HISPAN	n, Puerto Ri	(Specify Yas	1	14. BACI	E — America k, White, etc.	n Indian,
3 Widowed 4 Divorc	ed				1 TYES	X	ороси	,.			apec	Whi	te
	DENT'S EDUCATION highest grade completed) College (1		O DECEDENT'S (Give kind of life, Do NOT un House	work done se retired.)	during mos	N at of workin	ng	16b.	KIND OF BU	SINESS/IN	DUSTRY		
17. FATHER'S NAME (First, Mide	die, Last)					18. MOTI	HER'S NA	ME (First, M	iddie. Meiden	Sumame)	_		
Joseph Jame	s							Gorde					
190. INFORMANT'S NAME (Typ			19b. MAILING			nd Number	or Rural I	Route Numbe					
29a. METHOD OF DISPOSITIO 1- Burial 2 Cremation 4 Donation 5 Other (S		20b. PL oth	ACE OF DISPO	SITION (N				12000	20c. LO	CATION -	- City or To	ty Md	
21. SIGNATURE OF FUNERAL	A -4	1		H22		H Wi	tzke	Fune	eral E	lome	Inc.		
23. PART I. Enter the disabook, or her immediate CAUSE (Fina disease or condition resulting in death)	ert feilure. List only o	ne that coused the cause on each	e deeth. Do									Appr	oximete vai Betwee et and Dea
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events reaulting in death) LAST	ete G	Iceite	NSEQUENCE O	300	ion lel	de 1. T	us		ran	ch	un		
PART II. Other aignifican	t conditiona contribu	ting to deeth but I	not reauiting	in the u	nderiyinç	ceuse (given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	241	AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPIA	KI:		ОТНЕ		ACE OF D	EATH (Ch	neck only one)				
1 TYES 2 THO	1 mpati	ent 2 - ER/Outpatie		4 🗆 Nu		• 5 🗆 R	esidence	6 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Netural 5 P 2 Accident	(NATE OF INJURY Month, Day, Year)	28b. TIN	JURY M		URY AT RK? /ES 2	□ NO	28d. DES	CRIBE HOW	O YRULNI	CCURED		
3 Suicide 6 C	ould not be stermined	PLACE OF INJURY — wilding, etc. (Specify)	At home, farm,	atreet, fac	ctory, office	•		28f. LOCA City o	TION (Street r Town, State,	end Numb)	er or Rural	Route Numbe	τ,
one)	YING PHYSICIAN: To the											s) end mann	or ea stated.
29b. SIGNATURE AND TITLE O		1.5					ENSE NUI					O (Month, Day	
30 NAME AND ADDRESS OF	TERRON WING COMPLET					2	-0 1	10			0	13/	10-

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contract to a 15 abduled bid 511

3. TIME OF DEATH 9:00

10d. INSIDE CITY LIMITS?

USA

14. RACE — American Indien, Black, White, atc. Specify hite

1 X YES 2 NO

Approximate Interval Between

Onset and Death

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8. BIRTHPLACE (State or Foreign

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USA

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is marked, or item 23 shows any injury, or other traumatic event, the

CERTIFICATION

MEDICAL

PHYSICIAN:

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MPORTANT: If item

27. MANNER OF DEATH

5 Pending

6 Could not be

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1 Netural

2 Accident

3 Sulcide

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DIVISION OF VITAL RECORDS, F.O. BOA 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Are after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	2	23

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Catherine 7. Klinger 18 6 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. years yes. 001-14-6340 MONTHS DAYS HOURS MIN 1 M 2 F -21 - 9599. FACILITY NAME (# not institution, give street and number)
FAIRHAVEN 7200 Third Ave. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sykesville, Maryland carroll DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Sykesville Carroll Md. 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21784 7200 Third Ave. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 12. WAS DECEDENT EVER IN U.S. AMMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS If yes, specify Cuben, Mexican, Puerto Ri
1 YES 2 X XO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Alonso Eugene Toll Anna Elizabeth Jones 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bouce 1218 Tom Cover Mrs. 20e. METHOD OF DISPOSITION
1 □ Burlel 2 Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION No. 20c. LOCATION — City or Town, State Sex vices Hampstend, remotion 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME Sykes VIII 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only so cause on each line. **IMMEDIATE CAUSE (Finel** diseese or condition Atherosclerotic Cardiovascular discuse resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially liet conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 1 🖂 Paroxysone fibriletion anorexica 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) 1 YES 2 NO HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Spe Inpetient 2 ER/Outpetient 3 DOA

WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
city)	
E HOW INJURY OCCU	RED

6/18/90

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.

26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SHINED (Morgh, Day, Year) 29c. LICENSE NUMBER

28c. INJURY AT WORK?

1 YES 2 NO

D34849

281. LOCATION City or Tox

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

26e, DATE OF INJURY (Month, Day, Year)

31. DATE FILED (Month, Day, Year)

32. REGISTRADES SIGNATURE PONCESS

0 1	physician.	burial-transil norm	
BALLIMORE, MARYLAND 21203-3146	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transity with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	опсе.
MART	e retained by	e 5 should be	notified at
IIMORE,	h. Раде 6 may b	eral director, pag	niner must be
DAL	surs after deat	led in by the fun , or removal.	medical exar
13140,	xecuted within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tr be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13140,	h certificate be e	anding physician Hygiene prior to	or other traum
CHUS, P	res that the dear	ligned by the att	vs any injury,
HAL ME	V: The law requ	State Dept. of H	Item 23 shor
ON OF V	IDING PHYSICIA!	death with the	is marked, or
DIVISI	PITAL DR ATTEN	ERAL DIRECTOR	T: if item 28
	TO THE HOS	TO THE FUNE be filed within	IMPORTAN

	FOR 1 - STATE	STATE OF M						MENTAI		E		0 1000
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Le**) HARRIET	N.	KRENZ	KHE	CATE	OF L	<u>JEAI II</u>	2. DATE MONTH		1990	YEAR	3. TIME OF DEATH 1:48a
	4. SOCIAL SECURITY NUMBER 220.05.0697	1 🗆 M 2 💢 F	6. AGE (in yrs. last	birthday) YRS.		AYS I	IF UNDER 24 HRS.	Sept	of BIRTH		Nev	PLACE (State or Foreign
TOR		9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL					95. CITY, TOWN OR LOCATION OF DEATH BALTIMORE				TIMO	RE CITY
DIRECTOR	10a. STATE 10b. COUNTY 7065 MD	,			, TOWN OR I		N					10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER Cherry Av						21227			U	S.A.	WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— It yea, specify Cuben, Maxican, Puarto Rican, atc.) 1 ☐ YES 2 ☐ NO Specify: 1. Specify: W2:					k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 th Pone Rook					ing most	of working	18b	KIND OF BUS	SINESS/IN	DUSTRY	
BE COMF	7th none Bookkeeper 17. FATHER'B NAME (First, Middle, Last) Edward Krenz Harriet I. Rr							L. Bry	ice			
5	190. INFORMANT'S NAME (Type/Print) 19b. MAILII 7065					Street and	Number or Rura Tenue	Balti	more,	n. State, Zi	2122	27
	20a, METHOD OF DISPOSITION 1		20b. PLACE (ce)			tery, crematory or	,				own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Boss	,		Gaj	ME AND	ADDRESS OF I	man F	uneral	Ноп	16	21227
	23. PARY I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Our To	10 CAR	DIA	c	a mod	FARC	TIO	diec or respi	iratory a		Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								12 HRS			
MEDICAL CER	PART II. Other significent condition	d	death but not r	esulting	in the unde	erlying	cause given i	in Part i.	24s. WAS AN PERFOI 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		// 	OTHER:		CE OF DEATH (
BY PHYS	YES 2 NO 1/2 Inpatient 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 2 Se. PLACE OF INJURY At home, form, street, factory, office 28. PLACE OF INJURY At home, form, street, factory, office 28. LOCATION (Street and Number or Bural Route Number,							Court Marshay				
ETED	3 Suicide 6 Could not be 4 Homicide determined	building,	atc. (Specify)	me, rerm,	erreer, MCCON	y, OITICA			CATION (Street or Town, State		o or Murai	riode Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											(a) and manner as stated.
TO BE (29b. SKINAPONE AND TITLE OF CERTIFIE	_ M.D					29c, LICENSE N	044	16	29d, DA	TE SIGNE	O (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WI		DE OF DEATH (ITE			//		11000	2, 70		/	/

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

31. DATE FILED (Month, Day, Year) JUN 1 5 '90

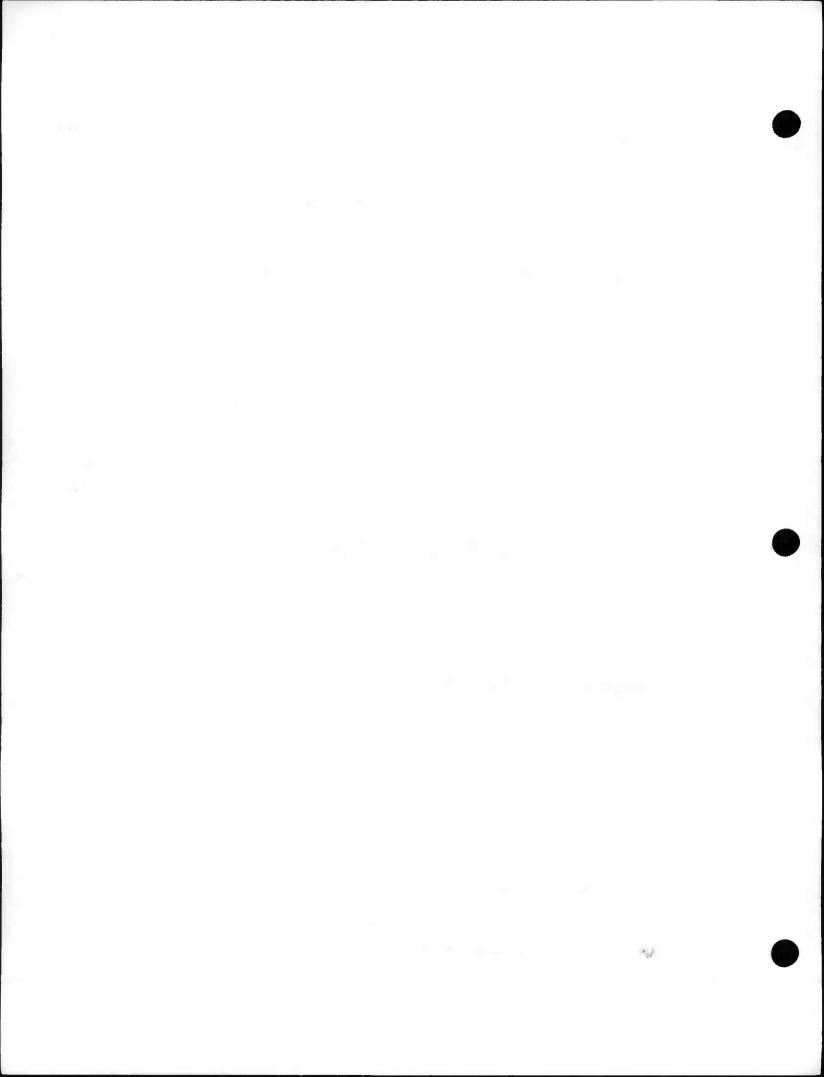
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certinicate be executed within 24 mouns after death. Page 6 may be retained by the	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed a within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	RTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at 🦛
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HOSPI	E FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the I within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	TANT:

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

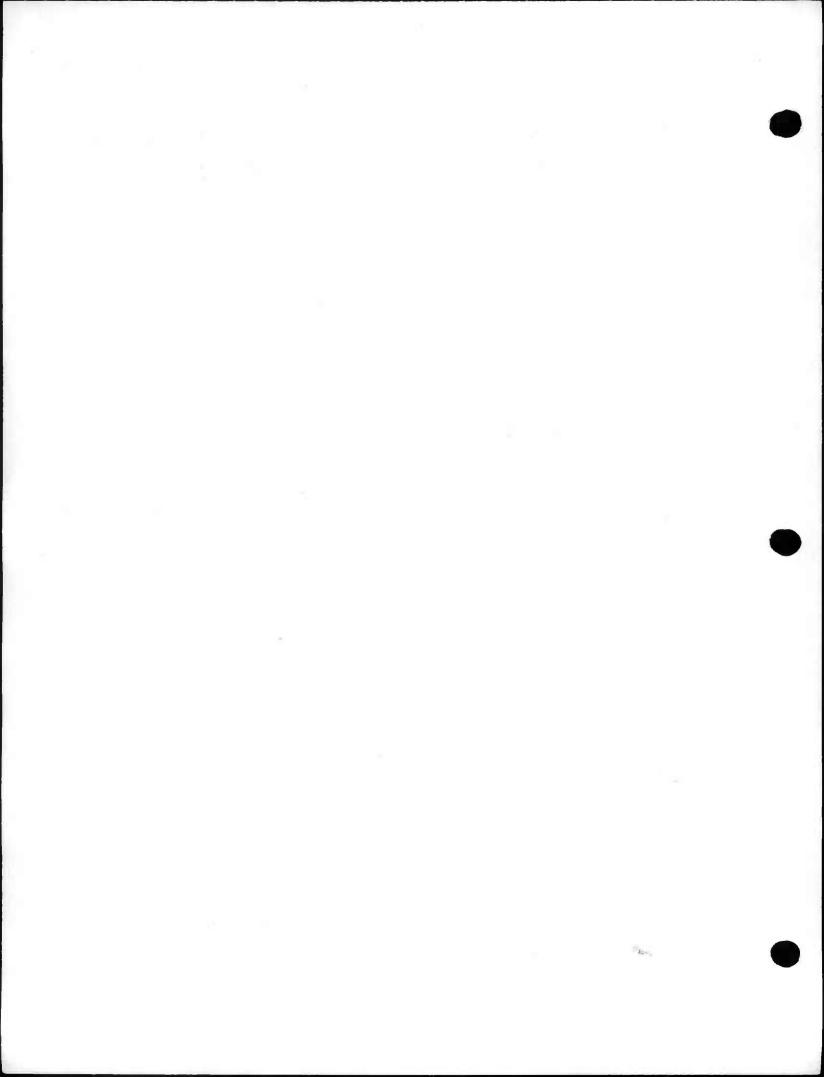
TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DI CER	EPARTMENT OF H		NTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lest) Anthony	MARC Le	wis		DATE OF DEATH MONTH DAY, JNE 15	1990 3. TIME OF PEATH
4	SEX 6. AGE (In yrs. lest bir	thday) IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) JG. 8, 191	e. BIRTHPLACE (State or Foreign Country) 3 MASSACHUSETTS
90. FACILITY NAME (If not institution, give street HOLY CROSS	end number) 405 PITAL	96. CITY, TOWN O	Spring	94	C. COUNTY OF DEATH Montgomery
10a, STATE 10b, COUNTY	Conery "	SCLUD Y S	ION .		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100 STREET AND NUMBER	land Rom	101	ZIP CODE 20 CI	01	0g. CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPANIC Cocity Cuban, Mexican, Po		No— 14. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (Give I	DENT'S USUAL OCCUPATION kind of work done during mo		16b. KIND OF BUSINE	WHITE ESS/INDUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	LLIGENCE OF	FICIAL	CIA	
17. FATHER'S NAME (First, Middle, Last)				First, Middle, Maiden Sun	name)
LINWOOD LEWIS	T		MARIE	THIBAULT	
190. INFORMANT'S NAME (Type/Print) CATHERINE R. LEWIS		IAILING ADDRESS (Street of 15 SUTHERLA			ING, MARYLAND 20901
20e_METHOD OF DISPOSITION 1	20b. PLACE OF	DISPOSITION (Name of cer			TION — City or Town, State
4 Donetion 5 Other (Specify)	GATE O	F HEAVEN CE	METERY ADDRESS OF FACILITY		R SPRING, MARYLAND
21. SIGNATURE OF PUNERAL SERVICE LICEN	Collins on	FRANCI	S J. COLLI	NS FUNERAL	L HOME, INC. IL.SPR.,MD.20901
23. PART I. Enter the diseasee, or con shock, or heart failure. Us	plicetione that ceused the feeth				
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	aute for	neumono	-		Onset and Death
C 6.	DUE TO (OR AS A CONSEQUE	ENCE OF):			
Sequentially list conditions, If any, leading to immediate ceuse, Enter UNDERLYING	DUE TO (OR AS A CONSEQUE	INCE OF):			
CAUSE (Disease or injury thet initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEDUE	ENCE OF):			
PART II. Other significent conditions of	contributing to death but not reed	uiting in the underlyin	g ceuse given in Par		
Alzherne	discore		29 7/ =	PERFORME 1 YES 2	COMPLETION OF CAUSE
				-	1 Nes 2 No
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Check	only one)	
1 → YES 2 □ NO 1	OSPITAL: Dispetient 2 ER/Outpetient 3	DOA 4 Nursing Hon	ne 5 🗆 Raeldence 8 🗆	Other (Specify)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	INJURY WO	JURY AT 28 PRK? YES 2 NO	d, DEŞCRIBE HOW INJU	JRY OCCURED
3 Suicide e Could not be determined	28e. PLACE OF INJURY — At home, building, stc. (Specify)	, farm, etreet, factory, offic	e 28	I. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
anal	N: To the best of my knowledge, death On the beste of axamination and/or inve				or ee stated.
29b. SIGNATURE AND TITLE OF PERTIFIER	m.D.		29c. LICENSE NUMBE	2	9d. DATE SIGNED (Mgorth, Day, Year)
30. NAME AND ADDRESS OF PERSON W/O	4 .	7) (Type, Print)	con s	em 23	20202
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	P.			



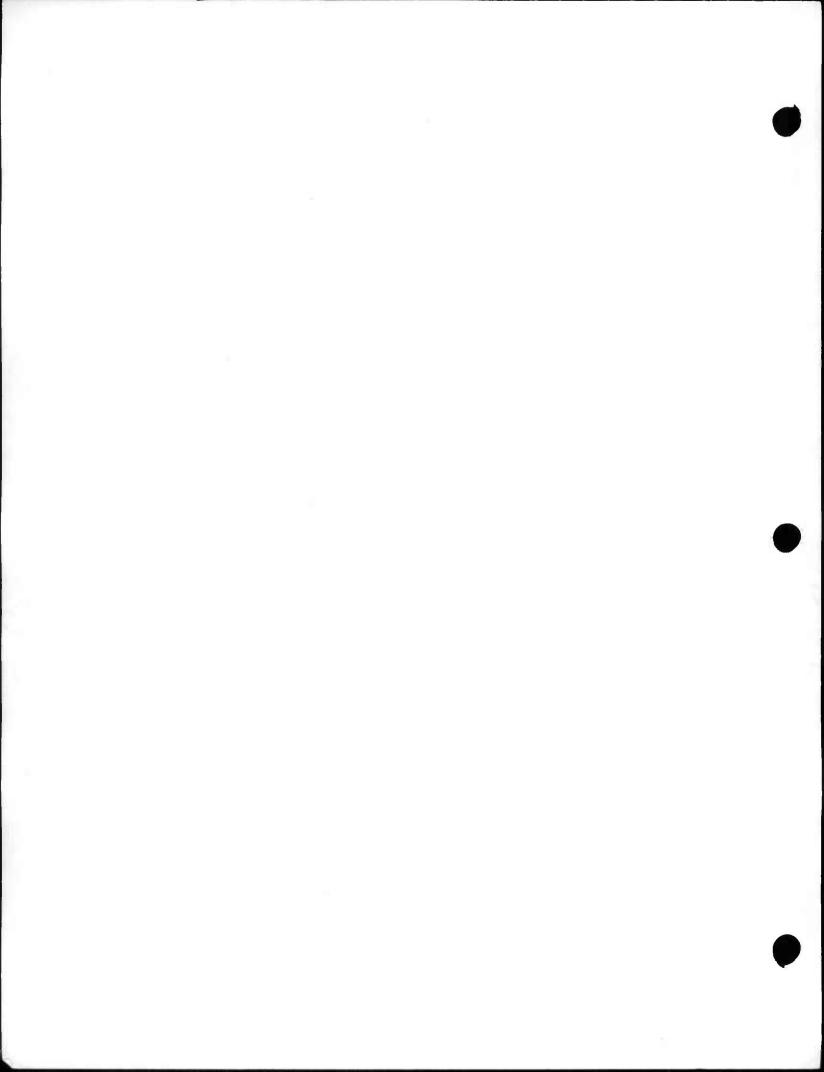
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	LEICht-	FRIEN		2. DATE OF DEATH MONTH	7 - 9	3. TIME OF DEATH P:35DM				
	4. SOCIAL SECURITY NUMBER 2.35-0.3-0992	5. SEX 6. AGE (III) 1 M 2 F 92	yrs. last birthday) IF UI YRS.	IDER 1 YEAR IF UNDER 24 HRS. 18 DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	(BIRTNPLACE (State or Foreign Country) USTRIA				
e G	9a. FACILITY NAME (If not institution, give stre	net and number)	N. H. 9b. (SILVER S	SPRINGM	9c. COUNTY					
DIRECTO	10e. STATE 10b. COUNTY	VTO ME		N OR LOCATION	2/1/0		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	NTGOMER	0 y 51	10f. ZIP CODE	1	10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?				
FUNERAL	31.0 FRANKLIN PLAC 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic		or No- 14.	RACE — American Indian, Black, White, etc.				
ED BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	16e. DECEDENT'S USUA	1 YES 2 NO Speci	16b. KIND OF BUS		specify: White				
COMPLETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work d life. Do NOT use retin	one during most of working id.)							
	17. FATHER'S NAME (First, Middle, Last)		CATERING S		SHOREHAN AME (First, Middle, Maiden		A				
TO BE	JOHN LEICHTFRIED 19a. INFORMANT'S NAME (Type/Print)	(7.7.7.)	RESS (Street and Number or Rural								
	EVA J. LEICHTFRIE	20b.		KLIN PLACE S (Name of cemetery, crematory or	ILVER SPRIN		RYLAND 20901 or Town, State				
	4 Donation 5 Other (Specify)			VEN CEMETERY 22. NAME AND ADDRESS OF F	ACILITY		RING, MARYLAND				
	· A Sauce	35		FRANCIS J. CO 500 UNIVERSIT							
П	23. PART Enter the afficeses, de to shock, of heart failure. L	implications that caused in eniv one cause on ea	the deeth. Do not a	nter tha moda of dying, au	ch as cardiac or respi	retory arrest	, Approximata Interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	arteriose	claritie	heart dis,	Congestin	hear					
NO NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
ERTI	that initiated events resulting in death) LAST										
A	PART II. Other algorificent conditions Colette's due	contributing to death bu	it not resulting in th	andarlying ceuse given in	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDIC			10		1 _ YE\$ 2	II PNO	OF DEATH? 1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	Check only one)						
rsic	EXAMINER? 1 YES 2 D NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	atient 3 DOA 4	HER: Nursing Nome 5 - Residence	a Cother (Specify)						
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUR	EO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, atreet	factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	(GITOON OTH)			the time, date end place, end du my opinion, death occured at th			suse(e) and menner ee stated.				
띪	200 CHAPTURE AND TITLE OF CERTIFIER	tick ?	w EV.	29 LICENSE NO	UMBER /Z/	29d. DATE SI	GNED (Month, Day, Year)				
10	GEORGE F SENGS		ath (ITEM 27) (Type, Print 3929 FERRA		ATON, MD, 2	20906					
	31. DATE FILEO (Month, Dey, Year)	32. REGISTRAR'S SIGNA									



FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	CATE OF D	EATH	REG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	**	71			2. DATE OF DEA MONTH	DAY	YEAR 3.	TIME OF DE	ATH
	August	Н	Lindner			June		90	6	A. M,
		5. SEX 1 🖾 M 2 🗆 F			HIPS MIN	7. DATE OF BIRT (Month, Day, Ye Mar. 7,	ear)	6. BIRTHPL/ Country)	MD	Foreign
	9e. FACILITY NAME (If not institution, give stre	eet and number)		b. CITY, TOWN OR L	OCATION OF DEA	TH	9c. COU	NTY OF DEAT	н	
FUNERAL DIRECTOR	Kensington Gardens	N.H.		Kensing	ton		Me	ont.		
R	10a, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCATION				10	d. INSIDE C	TY
			Wash	., DC					X YES 2	
ERAL	3613 Jocelyn St. N	īW		200	15		10g. CIT	U.S.A		7
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENO	ENT OF HISPANI			14. RACE — Black, W	American Ir	dlen,
BY F	1 Never Merried 2 A Merried 3 Widowed 4 Divorced	FORCES? 1 Y			Cuben, Mexican, NO Specify:	, Puerto Rican, at	c.)	Specify:	hite	
8	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S U	SUAL OCCUPATION	undina	18b, KIND C	F BUSINESS/IN	DUSTRY		
FI.	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during most or retired.)						
MPI		2	Optica	1 Researc	her	U.S.	Bureau	of St	andaı	ds
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16	MOTHER'S NAM		leiden Surname)			
BE	William A. Lindner			11.000000	Sophia					
2	19a, INFORMANT'S NAME (Type/Print)			DORESS (Street and I		oute Number, City	or Town, State, Zij	Code)		
	Mary L. Lindner	T	20b. PLACE OF DISPOSE	as item #		1 20	oc. LOCATION	City of Town	Ctoto	
	Xix Burial 2 Cremation 3 Remov	val from State	other place) Parklawn M				Rockvil			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Tarklawii II	22. NAME AND A	ODRESS OF FAC	ILITY		16, 111		
	* mir and	26 he	De mar		Gawler' Ave,.			20016		
	23. PART i. Entar tha dieaases, pr co								Approx	
	ehock, or heert feilure. L iMMEDIATE CAUSE (Final disease or condition			0	1 12	1				Between and Death
	resulting in deeth)	DUE TO (OR /	S A CONSEQUENCE OF	ie heor	I face	un			<u> </u>	
,	immediate cause (final disease or condition reculting in deeth) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									-
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								Im	
S	CAUSE (Disease or Injury	Liste	der mel	litur				1011		
F	that initiated events resulting in daeth) LAST	DUE TO (OR /	S A CONSEQUENCE OF)							
H	d d								ļ	
	PART il. Other eignificant conditions	contributing to deel	h but not resulting in	the underlying c	ause given in F		AS AN AUTOPSY ERFORMED?		ERE AUTOPS	
5	Vitamin	Refiguence	7	1 □ YES 2X□XNO		C	DEATH?			
ME								YES 2	□ NO	
4										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			E OF DEATH (Che	ck only one)				
CIAN	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
IYSICIAN	27 MANNED OF DEATH	20. DATE OF IN HI	Pay, Year) INJURY WORK?							
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 🕅 Natural 5 🗌 Pending	(Month, Day, Ye	er) INJU	RY WORK			TION (Street and Number or Rural Route Number,			
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	INJU URY — At home, farm, st	M 1 YES	2 🗌 NO			r or Rural Rou	te Number,	
B	1 Natural 5 Pending	(Month, Day, Ye	INJU URY — At home, farm, st	M 1 YES		261. LOCATION (City or Town,		r or Rural Rou	te Number,	
B	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, Ye 28e. PLACE OF INJ building, etc. (URY — At home, farm, st	RY WORK 1 YES	2 NO	City or Town	State)		te Number,	
B	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, Ve	INJU Specify) INJU IN	M 1 → YES Teet, factory, office	2 NO	City or Town,	. State) nd manner ee sta	nted.		s stated.
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28e. PLACE OF INJ building, etc. (CIAN: To the best of my k	INJU Specify) INJU IN	M 1 YES eet, fectory, office at the time, date end, in my opinion, deat	2 NO	City or Town,	. State) nd manner ee sta ace, end due to t	nted.	nd menner a	
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF DETITIER	(Month, Day, Ve 28e. PLACE OF INJ building, etc. (CIAN: To the best of my k 3: On the basic of examin	URY — At home, farm, st Specify) nowledge, death occurred atton and/or investigation	RY M 1 YES Test, factory, office at the time, date en in my opinion, deat	2 NO	City or Town, to the cause(e) at time, date and ple BER	nd manner ee strace, and due to t	ited. he cause(e) e	nd menner a	ar)
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Ve 28e. PLACE OF INJ building, etc. (CIAN: To the best of my k 3: On the basic of examin	URY — At home, farm, st Specify) nowledge, death occurred atton and/or investigation	RY M 1 YES Test, factory, office at the time, date en in my opinion, deat 21	d place, end due to coursed at the top. LICENSE NUM	City or Town, to the cause(e) at time, date and ple BER	nd manner ee sta	nted. he cause(e) e	nd menner a	ar)



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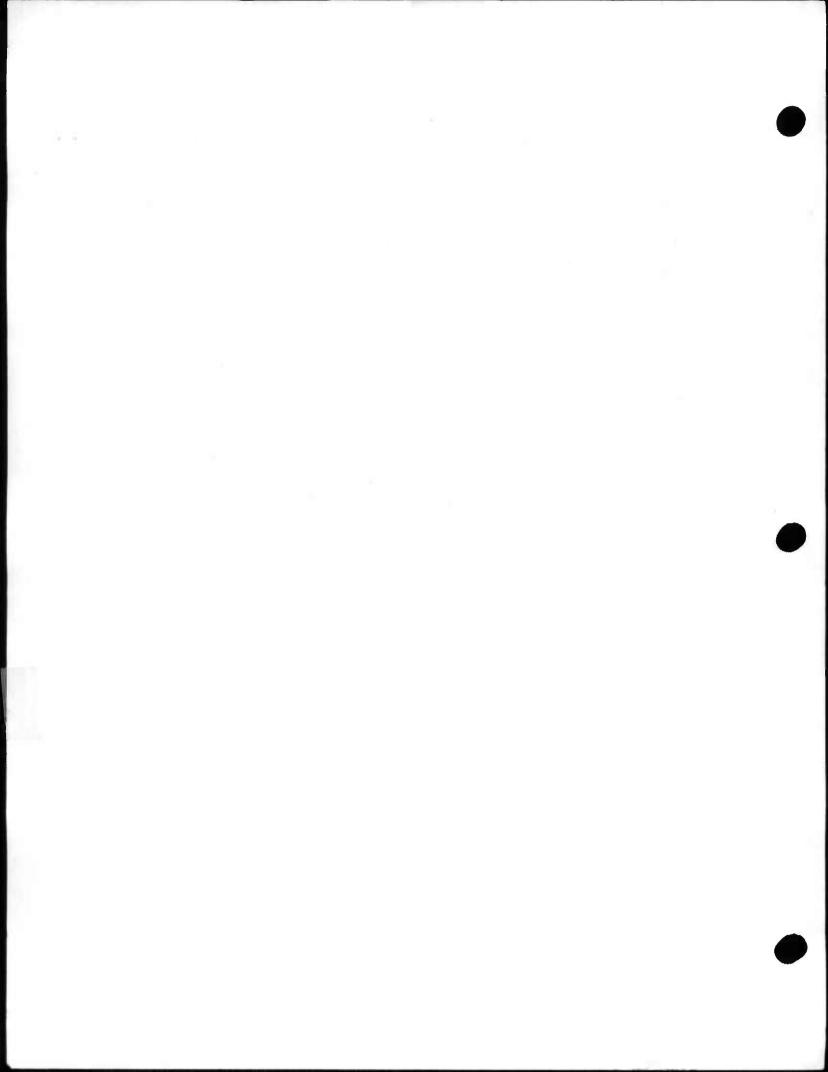
46	24 hours after death. Page 6 may be retained by the hospital or attending physici	filled in by the funeral director, page 5 should be detached for use as the burial-
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)).				OF DEATH		3. TIM	E OF DEATH
	Laura	Virginia	LERCH			Jun		1990		8 A.M. M
	The state of the s	. SEX 8. AGE (In yrs. ii	last birthday) IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)	8.		State or Foreign
	578-46-7334 1 9s. FACILITY NAME (If not institution, give street	m 2 XF 84	YRS.		R LOCATION OF DE	08/1	4/05		ashing	oton, DC
DIRECTOR	Doctors Hospital		Lar	nham				Prince	e Geor	rgets.
٣ ٣	10a. STATE 10b. COUNTY		10c. CITY, TOW?	OR LOCAT	ION					ISIDE CITY MITS?
	N/A N/A		Washir	ngton	, DC				_	ES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE			10g. CITIZEN	OF WHAT CO	DUNTRY?
<u> </u>	2413 Otis Street, N	1.E.			2001	83		U.S	.A.	
2	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES IF YES, GIVE WAR OR DATES	ARMED 1		ENGENT OF NISPAN			or No- 14.	RACE - Ame Black, White,	
В	3X Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	^	1 TYES	NO Specify	r.			Specify:	White
	15. DECEDENT'S EDUCATI	ION 16a. f	DECEDENT'S USUAL	OCCUPATIO	N	T 18h	KIND OF BUS	I SINESS/INDUS		wnite
	(Specify only highest grade con	npleted) College (1-4 or 5+)	(Give kind of work don He. Do NOT use retired	ne during mos f.)	at of working	100	idito or bot	JII 1200/111000		
PL	10		ousewife				Own	Home		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		o do c min c		16. MOTHER'S NA	ME (First, A				
BE C	John Miller			- 1	Katie	Mae	Kuss	naul		
	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRE	ESS (Street a					de)	
5	Frank H. Lerch	12	413 Otis	Str	eet N.F	v	Vashin	aton	DC 21	1018
	20a. METNOD OF DISPOSITION	20b. PLAC	E OF DISPOSITION (20c. LO	CATION — City	or Town, Star	la
	1X Buriat 2 Cremation 3 Remova 4 Donation 5 Donation (Specify)	A Cer	dar Hill	Ceme	terv		Su	itland,	Maryl	and
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	2	2. NAME AN	D ADDRESS OF FA				•	
	16 k 19 1	Suta			s Gasch Baltimore					
	23. PART I. Enter the diseases, or com		death. Do not ent	er the mo	de of dylng, suci	h as card	liac or respi	ratory arrest	, /	Approximate
	shock, or heart fallure. Lis	t only one cause on each lie	ne.							nterval Between Onset and Death
		Rilatem	10 Pnp	um	91010				1	18 dun
	resulting in death) a. Bilateral Pneumonia OUE TO (OR AS A CONSCOUENCE OF): 18 Clasp									
z	Sequentially list conditions.									
임	Sequantially list conditions, If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):									
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):							
CERTIFICATION	d									
AL C	PART II. Other significant conditions of		t resulting in the	underlying	cause given in	Part I.		AN AUTOPSY 24b. WERE AUTOPSY FIND FORMED? AVAILABLE PRIOR TO		
2	malnutrition					i	PERFORMED? 1 □ YES 2 □ NO		AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?	
Ä	Dementia								OF DEATH?	
PHYSICIAN: MEDIC										
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF OEATH (Ch	eck only on	18)			
SIG		IOSPITAL: Inpatient 2 - ER/Outpatient	3 DOA 4 D		e 5 🗆 Residence	8 🗆 Othe	r (Specify)			
H	27. MANNER OF DEATN	28s. DATE OF tNJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. tNJ WO	URY AT RK?	28d. DES	CRIBE HOW I	NJURY OCCUP	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		M		ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF tNJURY — At building, etc. (Specify)	home, farm, street, f	actory, office	•	28f. LOC City	M. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
E	4 Nomicide determined					L,				
PL		N: To the best of my knowledge,	death occurred at th	e time, data	and place, and dua	to the cau	ise(a) and ma	nner aa stated.		
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of axamination and/o	or investigation, in m	y opinion, d	eath occured at the	time, data	and place, ar	d dua to the c	ause(a) and m	anner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	B 1			29c. LICENSE NUI	MBER		29d. OATE S	IGNED (Month)	Day, Year)
	Carmella	Cole, MD			D3400	9		6	1101	90
2	30. NAME AND ADDRESS OF PERSON WHO			^	1		^	,		
	Carmella Col		- i ioortal	rtor	d Drive	# 10	11 RO	ckui	lle, m	USSOC U
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	3						-	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

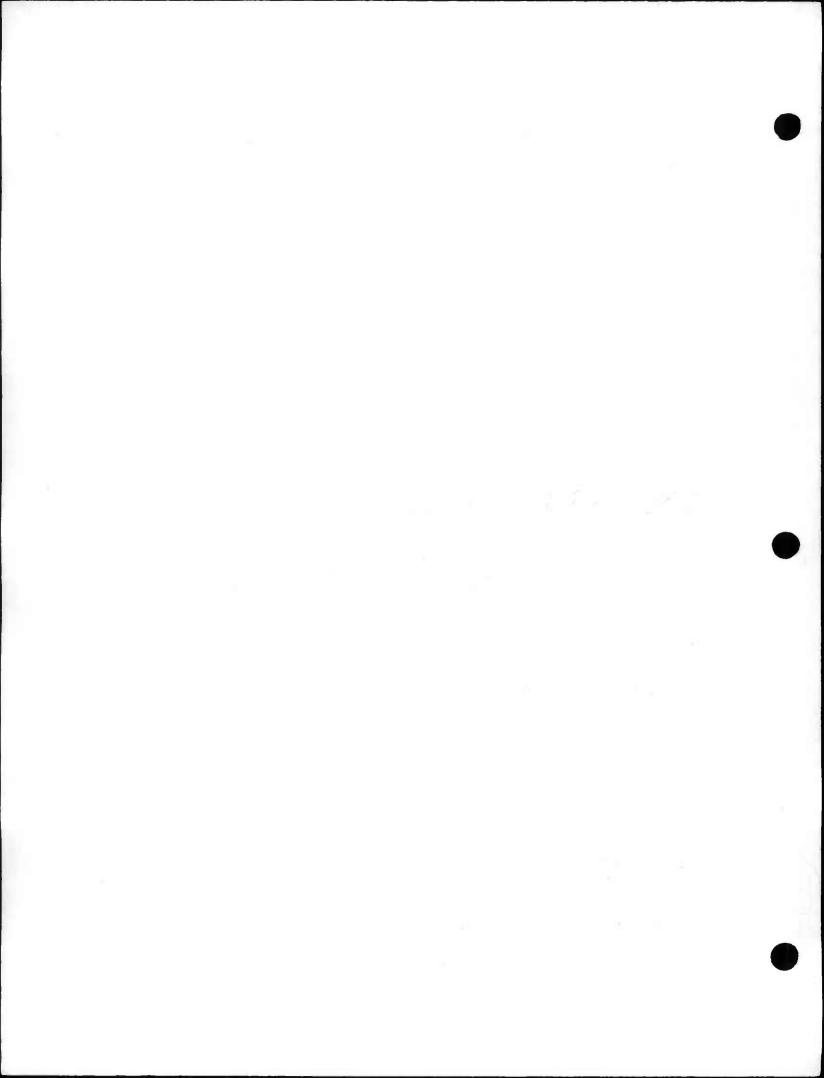


ter death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Physial. IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

)	DIVISION (IV 4C	TAL	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	P.O.	BOX	13146,		BALTIMORE, MARYLAND 21203-3146	E, MARYLA	ND 21203-3	146
TO THE HOSPITA	AL DR ATTENDING P	HYSICIAN	: The law	v requires that the d	eath cert	ificate be	executed within 2.	nours af	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the hospital or attending physic	y be retained by the	hospital or attending	g physic
TO THE FUNERA be filed within 7.	L DIRECTOR: After to 2 hours after death v	his certific vith the S	cate has	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	attending ntal Hygie	physiclan one prior to	and completely fille burial, cremation,	or remi	neral	director, page 5 should be det	tached for use as the	e burial

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
-	SECEDENT'S NAME (First Middle I set)		2 DATE O	E DEATH

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. OECEDENT'S NAME (First, Middle, Last) LILLIAN LANE Lillian May Lane 2. DATE OF DEATH MONTH ON GYPAR 7: 45 A M									
	4. SOCIAL SECURITY NUMBER 134-15-4514 5. SEX 1									
TOR	90. FACILITY NAME (If not institution, give street and number) Greater Laurel Beltsville Hospital Laurel Prince George RESIDENCE OF DECEDENT									
FUNERAL DIRECTOR	100. STATE NOW AND INCOMINATE HOWARD 100. CITY, TOWN OR LOCATION Elkridge 100. INSIDE CITY LIMITS? V 1 □ YES 2 ☑ NO									
VERAL	100. STREET AND NUMBER 369 Deep Run Pkwy 101. ZIP CODE 21227 USA									
B	11. MARITAL STATUS 1 Never Merried 2 Never Merried 2 Never Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify, Cuban, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-lifyes, specify, Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Win 1 to C.									
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Sie kind of work done during most of working									
COMPLETED	(Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) Office Worker C&P Telephone 1967-1975									
BE CON	17. FATHER'S NAME (First, Middle, Lest) John Pfohl 18. MOTHER'S NAME (First, Middle, Meiden Surname) Helena Cogan									
TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 369 Deep Run Pkwy Elkridge, MD 21227									
	206. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametory, cremetory or other place) Meadowridge Mem. Park 20c. Location - City or Town, State Baltimore, Maryland									
9	22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Rd Laurel, MD 20707									
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate									
	shock, or heert failure. List only one cause on eech line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
DICAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CERTI	thet initiated events resulting in death) LAST d									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1									
₹	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
Sic	EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
Y PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO									
TED BY	2 Accident Investigation 3 Suicide a Could not be determined Could not be determined Could not be determined Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									
BE CC	29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)									
5	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON, PITAL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PERSON WHO COMPLETED CAUSE OF DEATH (ITEM									
	31. DATE FILED (Mortit, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 15 '90 Lucidama Tanda 20									



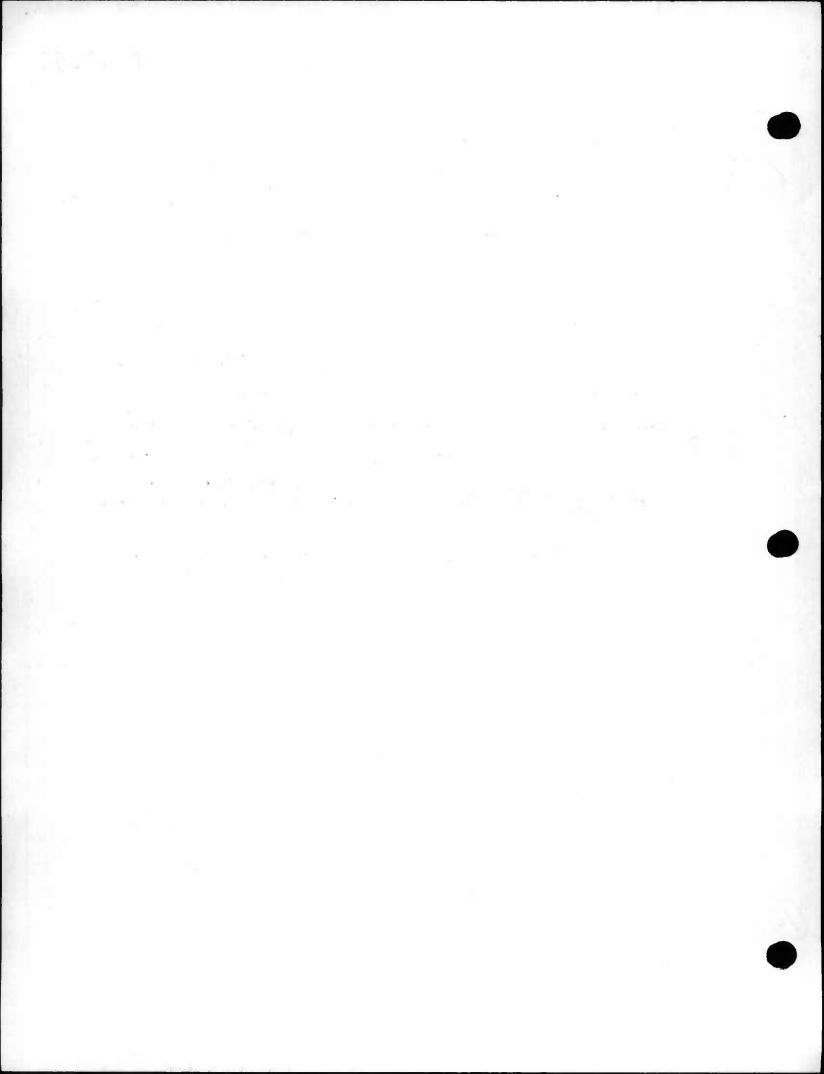
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146,	uted with:	completely (
43	909	and
BOX	ficate be	physician
0	h certi	andina
σ.	deat	atte
RDS	that the	d by the
3ECO	requires	een signe
AL F	he law	d sed e
F VIT	YSICIAN: T	s certificate
O	HG PH	her thi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in
	7	7

	1 - STATE REGISTRAR	SIAIE UF N	MARYLAND / DEPA CERTI						YGIENE EG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)	Elizabe	th J. L	oukot				2. DATE OF D MONTH JUN	DEATH 15 DAY	1990՝	EAR 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday		R 1 YEAR	IF UNDER		7. DATE OF B				LACE (State or Foreign
	218-92-3841	1 M 2 X F	65 YRS.	MONTHS	T-	HOURS	MIN.	(Month, Day	y, Year)		Country)	nesota
	9a. FACILITY NAME (If not institution, give	street and number)	- 03	9b, CIT	Y, TOWN C	R LOCATI	ON OF DE		22/25	C. COUNT		
H	8602 Preston St			N	lew C	arro	11to	n		Pri	ince	Georges
E	RESIDENCE OF DECEDENT											
肥	10a. STATE 10b. COUNT	•		ITY, TOWN								IOd. INSIDE CITY LIMITS?
0 7	Maryland Pr	ince Geo	rges	New		OTTE			1.	10- CITIZE		XX YES 2 NO
FUNERAL DIRECTOR		reet			101		2078	4			J.S.	
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13.	. WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Sp	pecify Yea or		L RACE -	- American Indian
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 NO			ecify Cuba 2 X NO		n, Puerto Rican	n, atc.)		Black, Specify:	Cauc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		18a. DECEDENT	f work done	during mo	ON ast of worldi	na	18b. KIN	D OF BUSIN	ESS/INDUS	STRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	use retired.)								
MP	12 17. FATHER'S NAME (First, Middle, Last)	0	Home	emake	r							
		tterson						ME (First, Middle th Br				
H	19a. INFORMANT'S NAME (Type/Print)	CLEISOII	19b, MAILI	NG ADDRES	SS (Street a			Route Number, C			ode)	
2	William Loukota		1 - 1 - 1 - 1 - 1 - 1					Carro				4
	20g, METHOD OF DISPOSITION 1 A Burlei 2 Cremetion 3 Rem	novel from State	20b. PLACE OF DISP						20c. LOCAT			
	4 Donation 5 Other (Specify)		CEDAR	-							LAN	D,MD
	21. SIGNATURE OF BUNERAL SERVICE L	CENSEE	/ .	22	Rend	on/h	ale	Funera	1 Hom	e		
	Melan	195	udr								aryl	and 20706
	23. PART . Enter the disesses, pr ahock, pr heart fallure.	complications tha	t caused the desth. De	not ante	r tha mo	da of dy	Ing, suc	h as cardiac	Dr reapiret	tory arres	ıt,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	80	10,107	on hu	, .	1 21	, lo					Onset and Deeth
	DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions, b. Due TO (OR AS A CONSEQUENCE OF)											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease or Injury that initiated events											
E	resulting in death) LAST											
2	PART II. Other algnificant condition	na contributing to	deeth but not resultin	a In the u	inderlyIn	O COURS	alven In	Part I 24s	. WAS AN AU	ITTOPEV	245.)	WERE AUTOPSY FINDINGS
DICAL	TAIL II. Ottor algument contains	- Considerating to	deeth but not readilin	g in the d	indentym,	y cause	given in		PERFORME	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED									1 TYES 2 NO			
N.												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DOO	HOSPITAL:	SR/Outpatient 3 □ DOA	OTHE	ER:		1	eck only one)				
H	27. MANNED OF DEATH	28a. DATE OF	INJURY 28b. 1	IME OF	28c. INJ	JURY AT	esidence	8 Other (Sp 28d. DESCRII		URY OCCU	RED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, L		M M	1 🗆	YES 2 [□ NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE (building.	PF INJURY — At home, fam etc. (Specify)	n, atreet, fa	ctory, offic			281. LOCATIO City or To	N (Street and own, State)	d Number o	r Rural Ro	ute Number,
P	(Orlean Orly		my knowledge, death occ									
00	2 MEDICAL EXAMIN	ER: On the basis of e	xamination and/or investig	itlon, in my	opinton, c	death occu	red at the	time, data and	place, and o	dua to the	cause(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIC	Je M	0			29c, UC	ENSE NUI	MBER 671	7	DATE:	SIGNED (Month, Day, Year)
5	30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF OEATH (ITEM 27) (7)	pe, Print)	R	11-0	Odlo	Q.	N.	nei	do	le Wal
	31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		1			2 4	1 0/) - 0		7
	P = /											

	1 - STATE REGISTRAR	ATE OF MARYLAND / DI CER				EALTH DEAT		ENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY: M.	LAND						2. DATE OF DEATH MONTH	DAY 5	YEAR 3	10:050 M
1	4. SOCIAL SECURITY NUMBER /5. SE	- 1 01		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	-03	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street an	d number)					ON OF DEA	TH L	9c. COL	SOLO	2007
TOT	BENDFORD OHK	NS9 HOME		7)20	2 70	KKIII	BRO	D C(INION	Pri	nce Ge	eorge's
DIRECTOR	108. STATE 10b. COUNTY Prince	George's	loc. CITY,	TOWN O		ON C	H	126			Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	601 Casson Avery	e mais	ylo	2110	101.	ZIP CODE	745			SA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 12. W	MAS DECEDENT EVER IN U.S. ARME ORCES? 1 TYES 2 NO YES, OIVE WAR OR DATES	D	- 1		cify Cuba		C ORIGIN? (Specify Y, Puerto Rican, etc.)	be or No-	Black, 1	- American Indien, White, stc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll	(Give :	kind of wo NOT use	ork done d	during mos	N at af workin	g	166. KIND OF B			
BE CON	17. FATHER'S NAME (First, Middle, Lest) George W. Russell							E (First, Middle, Maide E. Nive:			
0	190. INFORMANT'S NAME (Type/Print) Vernon F. Warfel							oute Number, City or To Hill, Ma			45
	20e. METHOD OF DISPOSITION 1 & Buriel 2 Cremetion 3 Removal fr	20b. PLACE OF	DISPOSI	ITION (Na	me of cem			20c, I	OCATION -	- City or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. G	eorg	ge P.		as Funera			1.20745
7	23. PART I. Enter the diseases, or compile ahock, or heart fellure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)		٤٨٤	oric							Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CEREBOUASCURAZ ACCIOENT (STACKE) 1 YES 2 NO 246. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIA		SPITAL:	004	OTHER	3:			ck only one)			
Y PHYS	27. MANNER OF DEATH 1 1 Natural 5 Pending		28b. TIME	E OF	28c, INJ WO			3 Other (Specify) 26d, DESCRIBE HOV	V INJURY O	CCURED	
TED BY	Z C PROTOGIN	28e. PLACE OF INJURY — At home building, etc. (Specify)	, farm, s	treet, fact	ory, office			261. LOCATION (Stree City or Town, Ste		er or Rural Ro	ute Number,
COMPLETED	one)	To the best of my knowledge, death the basis of examination and/or inv									and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	- X40				29c. LICI	185	HS 45	29d, D/	TE SIGNED	Month, Day, Year)
5	P. WISOTSKY	IPLETED CAUSE OF DEATH (ITEM 2	27) (Type,	Print)							
31. DATE FILED (Morth, Day, Your) 32. REGISTRAR'S SIGNATURE JUN 18 90 Julia Davidson-Randelle											

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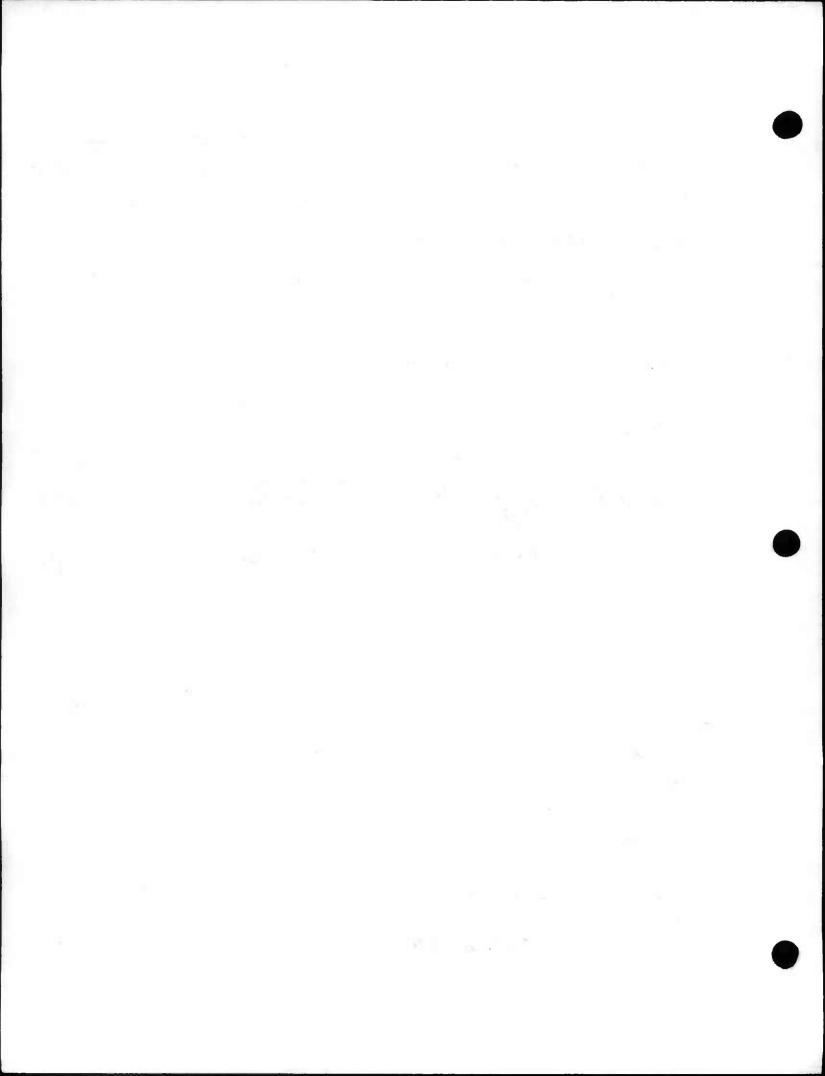
	•	FOR 1 - STATE REGISTRAR	STATE OF M		DEPARTMEN				ITAL HYGIEN REG. NO.	E					
	*	1. DECEOENT'S NAME (First, Middle, Last,		LEYP	- WIT	E OF	DEATH	2. [DATE OF DEATH	, d	YEAR 3.	TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER 212-24-4048 98. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs. last	YRS. MONTHS			in.	MATE OF BIRTH Month, Day, Year) 0-13-192	6	BIRTHPL/ Country)	th Carolina			
	TOR LOR	98. FACILITY NAME (If not institution, give street and number) 90. CTY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE 4705 Edgewood Road College Park Prince G													
	DIRECTOR	10a. STATE 10b. COUN		George College Park							10d. INSIDE CITY LIMITS? 1 🌠 YES 2 🗌				
	FUNERAL	100. STREET AND NUMBER 4705 Edgewood Road 101. ZIP CODE 109. CITIZEN OF WHAT 20740 United St													
- 1	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. ARI YES 2 No.	MED 13	ISPANIC Of laxican, Pu Specify:	RIGIN? (Specify Yea arto Rican, etc.)	RACE -	American Indian, Inita, atc. White							
	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 12 years 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE 18b. KIND OF BUSINESS/INDUSTRY (if the Do NOT use retired.)								STRY					
	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Hal Bell Pauline May Shaw													
notifle	10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Melvin W. Leypoldt same as #10													
		20s. METHOD OF DISPOSITION 1. Devite: 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or St. John's Episcopal Cemetery 20c. LOCATION - City or Town, September 1. Department of the place of the p													
examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BOTOWARD FUNERAL HOME 4400 Powder Mill Rd. Beltsville, Md. 20705													
e medicai		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final													
event, the	i	IMMEDIATE CAUSE (Final diaease or condition reaulting in death) Due to (or as a consequence of):										3.540			
other traumatic event,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):													
ury, or oth	CERT	that initiated eventa resulting in death) LAST													
hows any inj	: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 1 Y										MAILABLE PRIDE TO OMPLETION OF CAUSE F DEATH?			
Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_ отн	ER:	PLACE OF DEAT				1				
ked, or	PH	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF (Month, De	INJURY	28b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 N	280	Other (Specify)	INJURY OCCL	RED				
28 Is	TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF	F INJURY — At ho	me, farm, street, f			_	LOCATION (Street City or Town, State		r Rural Rou	te Number,			
If item	OMPLE	anal and	YSICIAN: To the best of ex									nd manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 297. LICENSE NUMBER 298. DATE SIGNED (Month) 299. SIGNATURE AND TITLE OF CERTIFIER 290. SIGNA									lonth, Day, Year)						

14808 30' NAME AND VOO PHYSIGNUS

31. DATE FILED (Month, Day, Year)

JN 1, 8'90

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	REGISTRAR	Maradan Barra					OF	DEATH		G. NO.		_			
1.	OECEDENT'S NAME (First, A	60 (Hugo Ch	arles L	eipol	d			2. DATE OF DE	ATH 14	L.	9 ()	3. TIME OF OEAT	an	
4.				1.0	AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH 8.			8. BIRTI	BIRTHPLACE (State or Foreign Country)		
	106-03-0295 XX M 2 □ F 8			81	YRS.	MONTHS	DAYS	HOURS MIN.	05/39		29		v York		
5	STATE CHOICE HOUSE HOST THE								country of DEATH / 9c. COUNTRY OF DEATH MONTGOMERY						
	RESIDENCE OF DECE 0a. STATE	10b. COUNTY	1		10c. Cl	TY, TOWN O	R LOCAT	ION			10d. INSIDE CI LIMITS?				
5	Texas Travis 100. STREET AND NUMBER					Austin							XX YES 2	NO	
10						10f. ZIP CODE					10g. Cl	TIZEN OF	WHAT COUNTRY?		
10 11 1 1 1	2402 Coral	Ridge					78747					U.S.A.			
- 13	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARM FORCES? 1 X VES 2 NO IF YES, GIVE WAR OR OATES					ARMED 13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Maxican 1 YES 2 X NO Specify:				an, Puario Rican, atc.) Blac				CE — American Indian, ek, White, atc. polly: White	
	15, DECE	DENT'S EDU	CATION	WWII	DECEDENT'	S USUAL OC	CUPATIO	Ň	16b. KIND	OF BU	SINESS/IN	IDUSTRY			
	(Specify only Elamentary/Secondary (0-1		College (1-4 or 5	+)	(Give kind of life. Do NOT	work done duse retired.)	luring mo	st of working	Amer	ica	n In	stal	lment		
DE LOUIS DE			2		Pr	eside	nt		Cred	it	Corp	orat.	ion		
5 17	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)														
	Hugo Leipold Not available										-				
) II	198. INFORMANT'S NAME (Type/Print) 199. MANLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2402 Coral Ridge Circle, Austin, Texas 78									78747					
2402 Coldi Kidge Circle, Adsci									OCATION — City or Town, State						
	☐ Burial 参答 Cremation		oval from Stata	othe	r place)			orium,					Maryland		
21	1. SIGNAUDIE OF FUNERAL	SERVICE LIC	CENSEE	Q M	00522	P R B A	name an obei ethe venu	nt A Pur esda-Chev le, Bethe	сыту mphrey vy Chas esda, м	Funge,	eral Inc. land	Home 75 208	7 Wisco:	nsi	
ii	23. PART I. Enter the dis ahock, or ha IMMEDIATE CAUSE (Fine disease or condition resulting in death)	art failure.	List only one ce	use on aech i	line.			led inf			iratory a	rreat,	Approximinterval B	etwee	
i d	Sequentially list condition of sny, leading to immed cause. Enter UNDERLY!NCAUSE (Disease or injurthat initiated events reaulting in death) LAST	NG Ty	с	O (OR AS A CON											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C OF DEATH?	TO				
THAN 21	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO														
27	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY 1						28c. IN.	URY AT	6 ☐ Other (Spe 28d. DE\$CRIB	enjury o	Y OCCUREO				
	2 Accident investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Ructive City or Town, State)								per or Rural	Route Number,					
COMPLETED	cond.		ER: On the basis of										(a) and manner as s	tated.	
21	29b. SIGNATURE AND TITLE	OF CERTIFIE	B _	10				29c. LICENSE NU	MBER		29d. D	ATE SIGNE	D (Month, Day, Year)		

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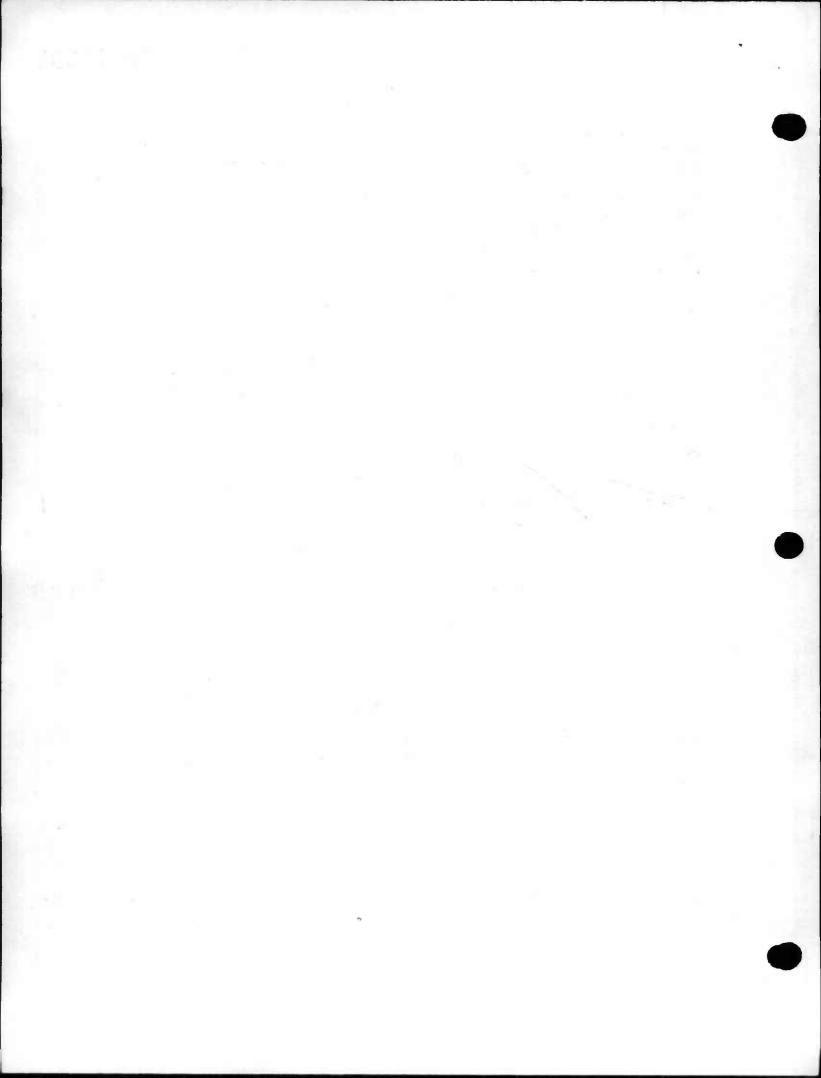
30. REGISTBAR'S SIGNATURE
Junia Davidson-Rondoll

md 2085

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPAI					MEN	TAL HYGIEI					
1. DECEDENT'S NAME (First,	constitution and	WE LEE									1990	YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 222-18-67	BER	5. SEX 1 M 2 F	6. AGE (In	yrs. last birthday) YRS.	IF UNDE	DAYS	IF UNDER								
9e. FACILITY NAME (If not in			70			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH									
17 HAINES		IUE			F	RISI	NG S	SUN			C	ECIL			
DELAWARE	NEW	CASTLE	_		ty, town or location NEWARK							10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
100. STREET AND NUMBER 25 NORTH C	HURCH	ROAD				101. ZIP CODE 10g. CITIZEN OF WHA									
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:						American Indien, White, etc. Y: HITE				
(Specify only highest grade completed) (Give kind of life. Do NOT of life. Do NOT of life. Do NOT of life. Do NOT of life.						S USUAL OCCUPATION work done during most of working use retired.)					16b. KIND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, M	licicila (ast)	4		REGI	STERED NURSE					NU.					
GEORGE	W. CF	ROWE					CA	RES	SA	B. ME	SSIC				
ARNOJD N.										lumber, City or To			19711		
	20e. METHOD OF DISPOSITION 1 Surfet 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE DF DISPO						emetery, crei	metory or			20c. LOCATION — City or Town, Stata NEWARK , DELAWARE				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY															
for	17	1-1	h			R	ISIN	G S	UN,	UNERA MARY	LAND				
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eert fellure.	e. C	ndys)	consequence	him	The m	(si)	ung, su	en es c	ardiac or res	piretory a	rrest,	Approximate interval Between Onset and Death		
Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	diete iNG iry	c		CONSEDUENCE									5 mgs.		
PART II. Other algnifica	ant condition	na contributing to	death but	t not resulting	In the U	nderlyli	ng ceuse	givett ir	Part I	. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
										1 TYES	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
													1 YES 2 NO		
25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 ND	MEDICAL	HOSPITAL:	- EB/Output	No. 2 204	OTHE	R:	PLACE OF I								
27. MANNER OF DEATH	Pending	28a. DATE D	-	28b. TI		28c. IN	JURY AT		_	Other (Specify) DESCRIBE HOW	INJURY O	CCURED			
2 Accident 3 Suicide 4 Homicide M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Route Number,							
Conton only		ICIAN: To the best of											end manner ee stated.		
29b. SIGNATURE AND TITLE	70 (Talo	1	0			29c. LIC	ENSE NU	MBER 5		29d. DA	G-1	(Month, Day, Year) 5-90		
30. NAME AND ADDRESS D	F PERSON WI	O COMPLETED CAL		TH (ITEM 27) (Typ	Print)	Bex	45	59	Ri	Sing S	Suin	r	no 21911		
31. DATE FILED (Month, Day,	16ar) 5 '90	32. REGISTR	Davido	Your Mande	وعص	10000	, ,	,		7		,			
THIN T	7 00	-0											DHMH-16 Rev 1		



DIVISION OF VICAL RECORDS, F.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crema	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,
IVISION OF VITAL	OR ATTENDING PHYSICIAN: The	IRECTOR: After this certificate has ours after death with the State D	em 28 is marked, or item
2	TO THE HOSPITAL C	TO THE FUNERAL D be filed within 72 ho	IMPORTANT: If III

TO BE CON

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL	REG. NO.					
- 1	1. OECEDENT'S NAME (First, Middle, Last)						OATE OF DEATH			IME OF DEATH		
	Ruth S. Lewin				MONTH DAY		90		720 P			
	4. SOCIAL SECURITY NUMBER 216287440	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year)			IRTHPLAC	HPLACE (State or Foreign try)				
OH	98. FACILITY NAME (If not institution, give street and number) 99. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 190. COUNTY OF DEATH 190. COUNTY OF DEATH											
DIRECTOR	10a. STATE 10b. COUNTY	JARO	TY, TOWN OR LOCA					- 1	INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER 6561 Quiet Hour			21045		10	10g. CITIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ABMED B 2 ANO DATES	If yes, a	CENOENT OF HISPAI pecify Cuban, Maxica S 2 NO Specif	in, Puerto F							
COMPLETED	15. OECEOENT'S EOUI (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u		ION ost of working	1Sb.	Admin					
MP	11		Seo	retary			Federal		ruß '	MODELL .		
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	Wm. E. Stevenson, Sr. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number City or Town, State Zio Code)											
0												
	Edwin W. Lewin					ibla,						
	20 MÉTHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Reme	ovet from State	other place)					ION City				
- 1	4 Donation 5 U (Specify)		Druid Ri				Balt	imore	, Md	•		
	21. SIGNATURE OF PURPOSAL SERVICE LIE	1. Kauf	mens	Gary	L. Kaufi Main St.	an F	uneral	Homes Md.	212	27		
	23. PART I. Enter the diaged of a hock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that calla List Drily Drie cause on a Caute Due TO (OR AS	each line.	not enter the m	ode of dying, aud	h aa card	llac or respirat			Approximate Interval Betwee Onset and Deat		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
ERTIF	CAUSE (Disease or injury that initiated events											
PHYSICIAN: MEDICAL C	PART II. Other significant condition	in the underlyle	ng cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NOTO		COL	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OTHER:	PLACE OF DEATH (Ci									
	27. MANNER OF DEATH	IJURY W	IJURY AT	28d. OESCRIBE HOW INJURY OCCURED								
ВУ РНУ	1 Natural 5 Pending 2 Accident Investigation			M 1 [YES 2 NO							

M.D. 10802 HICKO 32. REGISTRAR'S SIGNATURE June Savidson-Randelle

'90

20c. LICENSE NUMBER
D 25876
Ridge Rd
D 2044

Li Laderni Localitary Localitary Localitary. Localitar

Saladin V. Lewin V. Lewin D. Communication and State of Communication and State of Communication and C

intid Lare Cemptery Salitavin, in. Lare Salitavin, in. Salitavin S

A sity of the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE

2

REGISTRAR		STATE OF I		ERTIF					WEN		G. NO.					
1. DECEDENT'S NAME (First, M		- 1 011	01101									AY YEAR			E OF DEA	TH
Edna		LOUGHRY				, and the second					20 90):30	A	
4. SOCIAL SECURITY NUMBER 219 26 4653	1.071/06/10/10/20/20		8. AGE (In yrs. last birthd		MONTHS	F UNDER 1 YEAR DNTHS DAYS		24 HRS. MIN.	7. D	Interest of Bill Intere	Wheel	Countr		r(rv)	HPLACE (State or Foreign try) Virginia	
9s. FACILITY NAME (If not instit		9b. CITY, TOWN OR LOCATION OF D					EATH 9c. COUNTY				NTY OF	DEATH				
Carroll Cou	al Westminster						Carro									
RESIDENCE OF DECE	10c. CITY, TOWH OR LOCATION										10d. INSIDE CITY					
Maryland	Maryland Carroll											1 X YES 2			IMITS?	
10a. STREET AND NUMBER	Westminster					10a, CITIZEN OF				IZEN OF	F WHAT COUNTRY?					
Westminster	Nursi	ng and (Convales	lescent Center 21157						100				States		
Westminster Nursing and Convalescent Ce 11. MARITAL STATUS 1 Never Married 2 Married 3 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yea, apecify Cuban, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:						Yea or No— 14. RACE — American I Black, Whita, etc. Specify: White			nerican Inc a, etc.	llen,
15 DECED	ENT'S EDUC	ATION	16 n D	ECEDENT'S	I IAII C	VCCHIDATII	DM .		_	165 KIND	OF BUI	SINESS/IN		nte		
(Specify only h	ighest grade	completed)		Give kind of fe. Do NOT u	work done	during mo	st of working	ng		100. KIND	OF BOX	MILESS/III	DOSINI			
Elementary/Secondary (0-12	1)	College (1-4 or 5	Houses				wife					esti	~			
17. FATHER'S NAME (First, Midd	fle, Last)			10000			18. MOTI	HER'S NA	ME (F)	rst, Middle,	-					
James Freder	cick E)elawder					BI	lanc	he	Mae	Sin	2				
19a. INFORMANT'S NAME (Type			1	9b. MAILING	3 ADDRES	S (Street a							p Code)			
Sandra M. Ar	derso	n	16	54 We	st. Ma	ain	Stree	et.	We	stmi	nst	er. N	MD	2115	57	
20a, METHOD OF DISPOSITION	N		20b. PLAC	E OF DISPO								CATION -				
1 St Buriel 2 Cremetion 4 Donation 8 Other (S		oval from State	Manch		r Ba	otis	t. Chi	ırch	Ce	mete	rv	Mane	ches	ter	. MD	
21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE					ND ADDRE									
D. A.D.	+1	2cm	10110	3		Mye	rs Fu	mer	al	Home					~ 0:	
23. PART I. Enter the dise	U. F	T. I.C.	JUKO	ineth Do	not onto		Will:					stmi			Approxi	-
		List only one ca					de of de						Personal Property lives			Betwee
snock, or has	it foliate, i	ciat offiny office ca	nes on each ill	18.	not onto	r tha mo	da of dy	ing, suc	n as	cerdiac o	птеар		rreat,	1		
IMMEDIATE CAUSE (Finel		4									птеар		rreat,	1	Onset a	
		Acu	UTE V	Myoc	MRDI						и геарі		rreat,	1		
IMMEDIATE CAUSE (Finel disease or condition		DUE TO	OR AS A CONS	MYO C	MRD	R	l,	NFA			и геар		rreat,	1	Onset a	
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition	ns,	DUE TO	OF AS A CONS	MYOG EOUENCE C	MRD OFI: TER)	R	l,	NFA			reap		rreat,	1	Onset a	
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediate	ns, ata	DUE TO	OR AS A CONS NO WARY OR AS A CONS	MYOG EOUENCE C	MRD OFI: TER)	R	l,	NFA			reap		rreat,		how year	1
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury	ns, ata	DUE TO	OF AS A CONS	MYO C EQUENCE C	MRD DFI: TERY DFI:	R	l,	NFA			птеар		rreat,		Onset a	1
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leeding to immediaceuse. Enter UNDERLYIN	ne, ata G	DUE TO	OF AS A CONS OF AS A CONS OF AS A CONS OF AS A CONS	MYO C EQUENCE C	MRD DFI: TERY DFI:	R	l,	NFA			птопр		rreat,		how year	1
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ata	DUE TO	OF AS A CONS	MYOC EQUENCE O AR EQUENCE O	MRD DEP: TER DEP:	n	his ga	NFA tE	RC	rioN	птопр		rreat,		how year	1
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ata	DUE TO	OF AS A CONS	MYOC EQUENCE O AR EQUENCE O	MRD DEP: TER DEP:	n	his ga	NFA tE	RC	rioN		AUTOPSY		4b. WERE	how year	L FINDING
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Entar UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	ne, sta G	DUE TO	OF AS A CONS	MYOC EQUENCE O AR EQUENCE O	MRD DEP: TER DEP:	n	his ga	NFA tE	RC	1. 24a.	WAS AN	AUTOPSY NMED?		4b. WERE AMAIL COMP	hou yan hear	L FINDING 9 TO
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST	ne, sta G	DUE TO	OF AS A CONS	MYOC EQUENCE O AR EQUENCE O	MRD DEP: TER DEP:	n	his ga	NFA tE	RC	1. 24a.	WAS AN	AUTOPSY NMED?		4b. WERE AMAIL COMP OF DE	how you you hear Autopsy Able PRIO HETION OF	FINDING P TO
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Entar UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	ne, sta G	DUE TO	OF AS A CONS	MYOC EQUENCE O AR EQUENCE O	MRD DEP: TER DEP:	n	his ga	NFA tE	RC	1. 24a.	WAS AN	AUTOPSY NMED?		4b. WERE AMAIL COMP OF DE	Onset as Now Year Year Alle Prior States of th	FINDING P TO
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Entar UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	ns, ata G	DUE TO DUE TO DUE TO DUE TO CO DUE TO DUE TO	OF AS A CONS	MYOC EQUENCE O AR EQUENCE O	MRD TER) OF): OF):	AL Participant of the Control of the	his ga	NFA	Pert	i. 24a.	WAS AN	AUTOPSY NMED?		4b. WERE AMAIL COMP OF DE	Onset as Now Year Year Alle Prior States of th	FINDING P TO
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Entar UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Demonstrate Current Cu	ns, ata G	DUE TO DUE TO DUE TO DUE TO DUE TO A DUE TO DUE TO I.	OR AS A CONS OF OR AS A CONS OF OR AS A CONS OF OR AS A CONS OF OR AS A CONS OF OR AS A CONS	MYOCA EOUENCE C EOUENCE C	MRD OF): TER) OF): In the u	anderlyin 28. P	g cousa	NFA	Part	I. 24a.	WAS AN PERFOI YES 2	AUTOPSY NMED?		4b. WERE AMAIL COMP OF DE	Onset as Now Year Year Alle Prior States of th	FINDING P TO
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediacause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Demont A CAUGHIC UN 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH 1 Yestural 5 P	condition	DUE TO DU	OR AS A CONS OF OR AS A CONS OF OR AS A CONS OF OR AS A CONS OF OR AS A CONS OF OR AS A CONS	MYOCA EQUENCE C EQUENCE C Tresulting Tresulting	OTHE	28. PER: rising Hor	g ceusa	NFA	Part a c	I. 24a.	WAS AN PERFOI	AUTOPSY NMED?	20	4b. WERE AMAIL COMP OF DE	Onset as Now Year Year Alle Prior States of th	FINDING P TO

21784

MD

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 W NO		28. PLACE OF DEATH (Check only one)									
		HOSPITAL: 1 Inpettlent 2 ER/Outpettlent 3	DOA 4 No	R: rrsing Home 5 - Residence	8 G Other (Specify)						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED						
3 Suicide	8 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

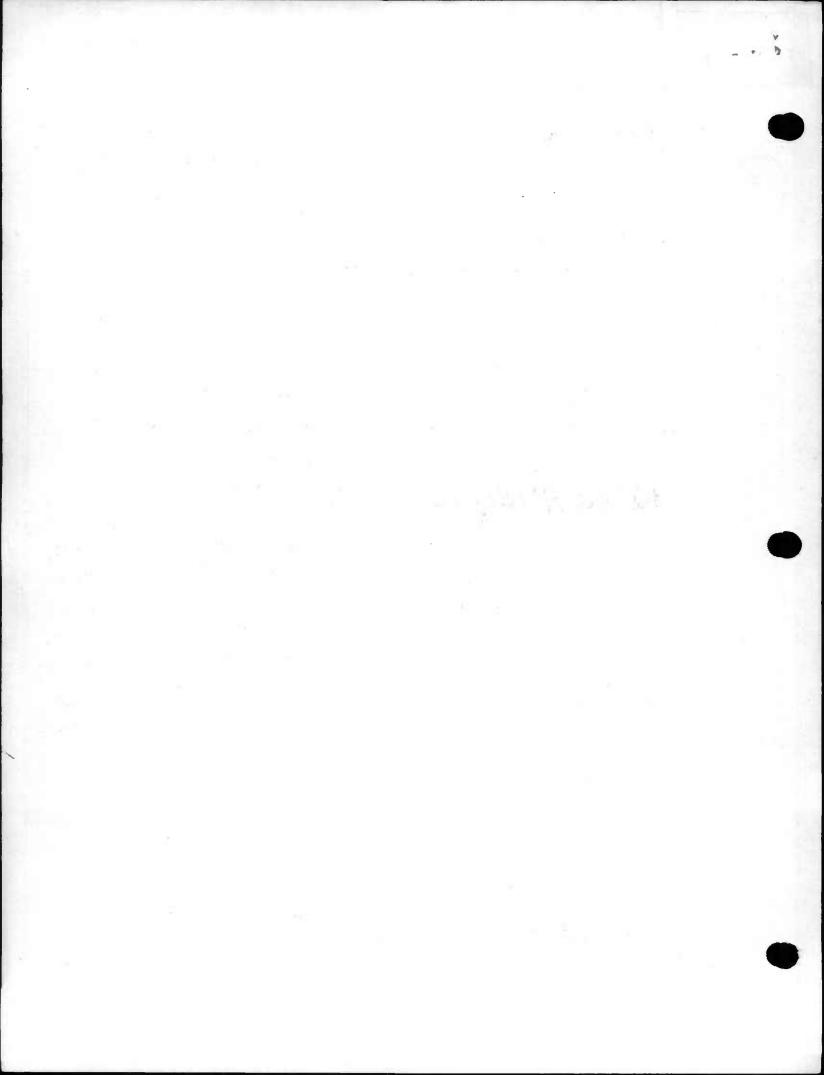
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER M.D. 6/20/20 D 33681

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. K. MCEVOY, MD PO 130X 1229 SYKESVILLE

31. DATE FILED (Month Pay Year)

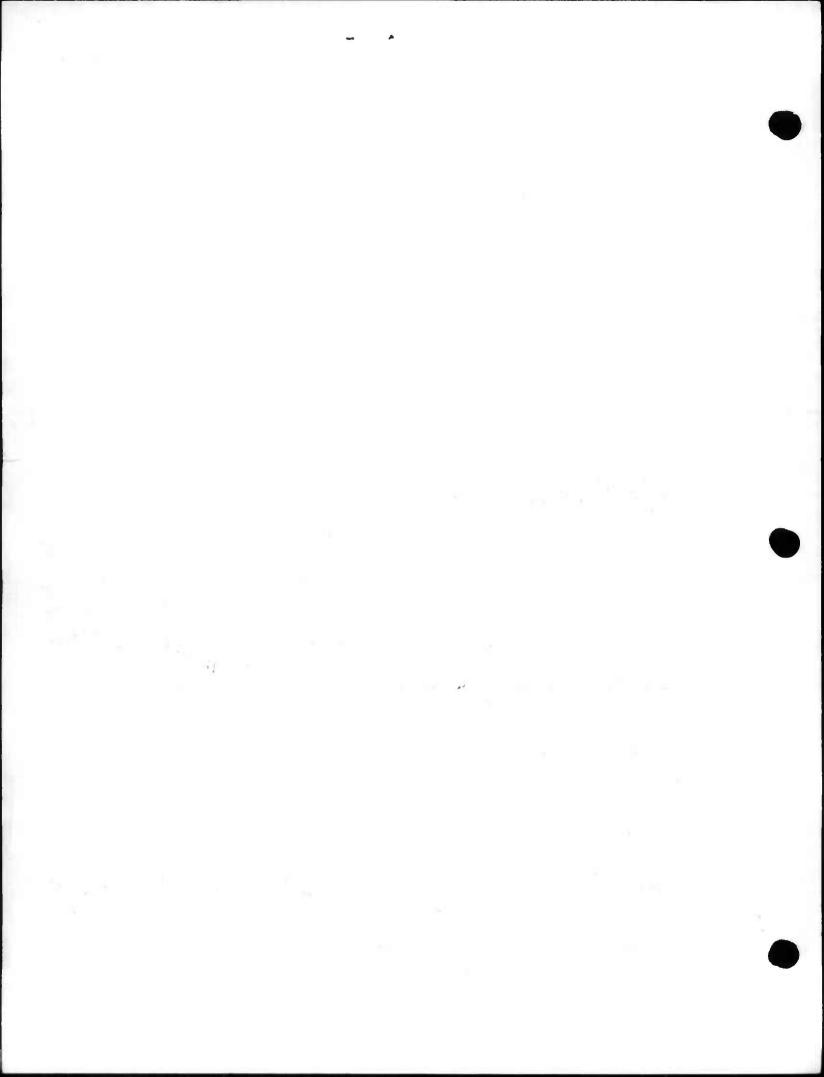
32. REGISTRAR'S SIGNATURE Pandelle



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

,	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND I	MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			. TIME OF DEATH			
	Matthew	Vernon	Lednum			б б	2°0	90	9:05AM m			
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign			
1	218-50-1219	1 🔀 M 2 🗆 F 4	16 YRS.	MONTHS DAY	S HOURS MIN.			Mary.	land			
_	9e. FACILITY NAME (If not institution, give a				N OR LOCATION OF DE	EATH		9c. COUNTY OF DEATH				
5	Memorial Hos	pital]	Easton	T	Talbot					
딦	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LO	CATION		od. INSIDE CITY					
뜸	Maryland Tall	bot	E	aston				LIMITS?				
FUNERAL DIRECTOR	10e. STREET AND NUMBER		10g. CIT	IZEN OF WH	AT COUNTRY?							
EB	633 Goldsboro	ugh St.			21601		U.	U.S.A.				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS I	DECENDENT OF HISPAI specify Cuben, Mexica	NIC ORIGIN? (Specify	Yee or No-	1				
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			rES 2 NO Specifi			Specify:				
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b, KIND OF	BUSINESS/IN	Whi	te			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working							
2	10	Contraga (1-4 of 5 4)	manag	er		i	ce co	mpan	У			
O	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mai	,					
BEC	Vernon Robert	Lednum			Ailee	n J. Ha	rris					
10 B	19e. INFORMANT'S NAME (Type/Print)				et end Number or Rural							
F	Vernon R. Led		P. C	. Box	109 Ti	lghman,	MD	2167	1			
	20a. METHOD OF DISPOSITION 6/22/90 1 Spuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Spring Hill Cemetery Easton, Maryland											
	4 Donation 5 Other (Specify)	1, Ma	ryland									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home											
	M.E. Less	year (1-21		ton, Mar							
	23. PART i. Enter the disesses, or shock, or heart failure.	complications that caused List only one cause on e		not enter the	mode of dying, suc	ch se cardiac or re	espiratory si	rrest,	Approximate interval Between			
1	IMMEDIATE CAUSE (Finel disease or condition											
	resulting in deeth)	respir,	place	× +	allere	۷			1 week			
		DUE TO OR AS	CONSEQUENCE	an.	0 0 -				100 1			
8	Sequentially list conditions,											
F	If sny, leading to immediate ceuse. Enter UNDERLYING			-	(R) 120	renoth	MAX		5 days			
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	CONSEQUENCE	F):		(10.			
CERTIFICATION	resulting in death) LAST	. alguni	id in	men	odefice	enf Si	and	ane	18 mo.			
	PART II. Other significent conditio	ns contributing to death i	out not resulting	In the under	ving cause given in	Part IO 24s, WAS	AN AUTOPSY	24b. V	VERE AUTOPSY FINOINGS			
SAL		insuffic			ying codes given in	PER	FORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE			
	- Coparite		7			¹ □ YE	S 2 7 NO	٥	OF DEATH?			
Σ				/		— J		'	YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			2:	B. PLACE OF OEATH (C)	heck only one)						
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	Home 5 - Residence	S Other (Specify)						
H	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TII		INJURY AT WORK?	28d. DESCRIBE HO	OW INJURY O	CCURED				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	"		YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm,	street, factory,	office	281. LOCATION (Str City or Town, S	reet and Numb	er or Rural Ro	ute Number,			
E	4 Homicide determined											
COMPLETED	29e. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my know	riedge, death occur	red at the time,	date and place, and du	a to the cause(a) and	menner as st	lated.				
MO		156; On the beals of sysminetic	e sedior yweatigat	lon, in my opinie	on, death occured at the	e time, date and plece	e, end due to	the cause(e)	and menner as stated.			
	No. SCHANUTE AND TITLE OF CENTIF		14	14/	29c. LICENSE NU	MBER	29d. DA	TE SIGNED	Month, Day, Year)			
) BE	Upleat 1	unt	mp/	VV	1 27	872	•	20 X	W 290			
٩	30. NAME AND ADDRESS OF PERSON W				- 27	1 7	773	- 1	MD OF COL			
		kins, Jr.,		508	Idlewild	Avenue	, Eas	ston	MD 21601			
31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE												



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2.3 proves after death with the State Dept. of Health and Memai Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CALE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	NY - YEA	3. TIME OF DEATH			
1	Minnie		Lewis			6 18	90	10:22 P M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		tRTHPLACE (State or Foreign			
	213-22.7/69	I M 2 XF Z	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	25	ountry)			
ŀ	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF DE	9c. COUNTY C	OF DEATH				
œ	Memorial Hospital		- 1	Easton Talbot							
DIRECTOR	RESIDENCE OF DECEDENT		- 1								
ñ l	10e. STATE 10b. COUNTY	11	10c. CITY,	TOWN OR LOC	ATION		10d. INSIDE CITY				
뚬	md II	Thol	5	25 40	24			1 YES 2 NO			
	10e. STREET AND NUMBER			1	Of, ZIP COOE		10g. CITIZEN (OF WHAT COUNTRY?			
FUNERAL	717 Par-	6-4			2160	/	1	151			
۲	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WILS DE	0.0	C ORIGIN? (Specify Yes	or No. 14 F	RACE American Indien,			
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, s	pecify Guben, Mexican	, Puerto Ricen, etc.)	1 3	Black, White, atc.			
B	3 Widowed 4 Divorced	IF TES, GIVE WAR ON D	ALES	1 1 16	S 2 NO Specify.	:	'	Specify: RIX			
<u>n</u>	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S L	SUAL OCCUPAT	ION	18b. KIND OF BU	SINESS/INDUSTF	RY			
E	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during n retired.)	nost of working						
7	Estimate hospitalish for 12)	conege (I-4 or 5 +)	Den	mest	Ler						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		12/0/	1114 001		ME (First, Middle, Maiden	Surname)				
	Non reason		3Cott		7426	mil	1	ixam			
H	19a, INFORMANT'S NAME (Type/Print)			ADDRESS /Strace	and Number or Burel S	Sute Number, City or Tow	m State Zin Code				
임	- Maria	Ellam	21	つと	- 5 4	-04	7. O. O. O. O. O. O. O. O. O. O. O. O. O.	1.			
	AND METHOD OF DISPOSITION		. PLACE OF DISPOSI	TION (Name of a	100 00	200 10	CATION — City	A Same State			
	20e. METHOD OF DISPOSITION 1 M. Burlel 2 Cremation 3 Remov	al from State	other place)	- 1.	•	200.20	To age	m lowin, state			
	4 ☐ Donation 5 ☐ Other (Specify)	Neee	For	TO NAME	AND ADDRESS OF FAC	1 U	vorre	110			
	OA	1/10	0-	ZZ. NAME	AND ADDRESS OF PA	all II					
	Dear -	to Was	hel	319	Dou	or 57.	resto	201			
	23. PART I. Enter the diseases, or co			ot enter the m	ode of dying, suci	h es cardisc Dr resp	iratory errest,				
	ahock, or heart failure. Li IMMEDIATE CAUSE (Finel	st only one cause on e	ach line.	1.1.	. 1	2		Interval Between Onset and Death			
	disease or condition resulting in death)										
	oue TO JOR AS A CONSEQUENCE OF										
,		Merca	Maril	141	121	11111	Ke	1 /6/1			
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (09 As	CONSUMENCE OF	E	100	- de	V	2.16			
X	cause. Enter UNDERLYING	/XIMRI	Mu	2111/	21 Mhs	1111 V/	1/N	W 156			
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):	Const			//			
CERTIFICATION	resulting in death) LAST										
뜅											
AL	PART II. Other significant conditions	contributing to deeth i	out not resulting in	n the underly	ng ceuse given in	Part i. 24a. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL						1 _ YES	2 NO	COMPLETION DF CAUSE OF DEATH?			
WE							1	1 YES 2 NO			
=											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (Ch	eck only one)					
Sic		HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing He	ome 5 🗆 Residence	8 Other (Specify)					
<u>₹</u>	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME		NJURY AT	28d. OESCRIBE HOW	INJURY OCCURE	EO			
	1 Natural 5 Pending	(Month, Day, Year)	INJ		VORK? YES 2 NO						
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	/ — At home, farm, s	treet, fectory, of	fica	28f. LOCATION (Street		lural Floute Number,			
	4 Homicide determined	building, etc. (Spe	city)			City or Town, State)				
	29e. CERTIFIER		Fertil Leader to 1000	Allia de ex							
COMPLET	(Check only	AN: To the best of my know						nuse(e) end manner ee stated.			
8		On the been or examination	in altaor investigation	n, in my opinion	, death occured at the	time, date end place, e	na ave to the ca	use(e) end manner ee stated.			
ш	296. SIGNATURE AND TITLE OF CENTIFIER	0/1/1/	X h	10	29c. LICENSE NUN	ABER	29d. DATE SIG	GNED (Month, Day, Year)			
0 8	1/	MARK	1111	/			0	1970			
٩	30. NAME AND ADDRESS PAPERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)							
-											
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	ATURE								
	JUN 2 1 '90	distantial	San Alaska								

errer an to

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending profession and completely filled in by the funeral director, page 5 should be detached for use as the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE THE TO THE De filed

BE COMPL

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												30	100	77	
	FOR 1 - STATE REGISTRAR	STATE OF M				OF HI			MENTAI	HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)			11					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEA	TH	
	Eva Murriel McC	all							Jun	e 17,	1990		1:38		
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	.,	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE	OF BIRTH			PLACE (State or I	Foreign	
	299-24-8504	1 M 2 KF	60	SO YRS.					Apr	1 1 23	,1930	Oh	0110		
l l	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	r, TOWN OF	R LOCATIO	ON OF DE	ATH			VTY OF D			
5	3336 Dominion S	outh				Laur	<u>el</u>				Ann	e Ar	rundel		
[[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCATION	ON						10d. INSIDE CITY		
DIRECTOR	Maryland An	ne Arunde	. I		Laur	6]							LIMITS?	NO	
1 1	10e. STREET AND NUMBER	110 111 0.1100					ZIP CODI	E			10g. CITI	ZEN OF W	HAT COUNTRY?		
E	3336 Dominion S	outh				20724									
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED	13.	WAS DECE	NDENT C	F HISPAN	IC ORIGIN	? (Specify Ye		14. RACE	- American Inc., White, etc.	ilen,	
BY F	1 Never Merried 2 Wherried 3 Widowed 4 Divorced	IF YES, GIVE WI	YES 2 XXXX	5		1 YES	2 A NO	n, Mexicur Specify	n, Puerto I :	Rican, atc.)	l	Speci			
		15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION											MILLE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								18b	. KIND OF BU	SINESS/IND	USTRY			
	Elementary/Secondary (0-12) College (1-4 or 5+) 12 Agent									Reales	ctato				
NO	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 O Agent 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Agent 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)														
									1 Whitlach						
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
P Michael F. McCall 3336 Dominion South Laurel, MD 20724															
20e. METHOD OF DISPOSITION 1/									wn, State						
	21. SIGNATURE OF FUNERAL SERVICE LIC	() /	-0	57.05						e, Ind					
	/ slall	feelood	1011	1007						Road		rel.	MD_ 20	707	
	23. PART I. Enter the diseases, or shock, or heart failure.				nốt ante	r the mod	de of dy	ing, auci	h aa card	flac or reap	iratory an	reat,	Approxi	nate Between	
	IMMEDIATE CAUSE (Final	Elist Gilly Gill Gill	on anon ima.											nd Death	
	disease or condition resulting in death)	. Br	2ast	Ca	~ 0	er-	ن در	th 1	bra	inv	neter	stasi	5 34	2005	
		DUE TO	OR AS A CONSEQ	UENCE O	F):								/		
O	Sequentially list conditions,	b	OR AS A CONSEO	UENCE O	FI:										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING												ļ		
E	CAUSE (Disease or injury that initisted events	DUE TO (OR AS A CONSEQ	UENCE C	F):										
FR	resulting in death) LAST	d													
	PART ii. Other significant condition	na contributing to	death but not re	suiting	in the u	nderiving	cause	given in	Part I.	24e. WAS AP	AUTOPSY	246	. WERE AUTOPSY	FINDINGS	
MEDICAL						,				PERFO	RMED?		AVAILABLE PRIC	A TO	
<u> </u>									_	1 TYES	2 KNO		OF DEATH?	1 NO	
										NO					
AN	Z 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Recidence 8 Other (Specify)														
Ŧ	T 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 18c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year)														
ВУР	1 Natural 5 Pending Investigation				M	1 🗆 Y	/ES 2 [] NO							
ED E	3 Suicide 6 Could not be 4 Homicide determined		F INJURY — At horetc. (Specify)	ne, farm,	atreet, fac	ctory, office				ATION (Street or Town, State		r or Rural i	Route Number,		
E															
MPLET	cool only	SICIAN: To the best of											thank marries		
1 5	one) 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) and manner as stated.														

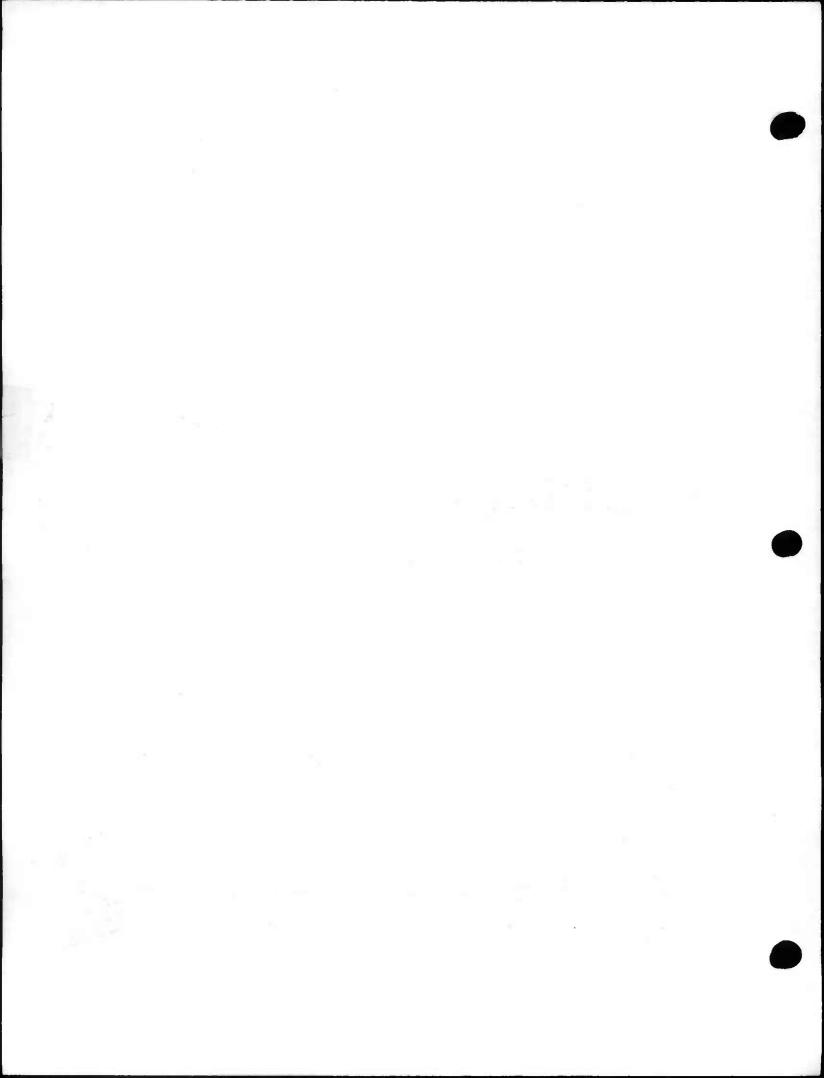
29c. LICENSE NUMBER
D363 29d. DATE SIGNED (Month, Day, Year)

6 17 90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

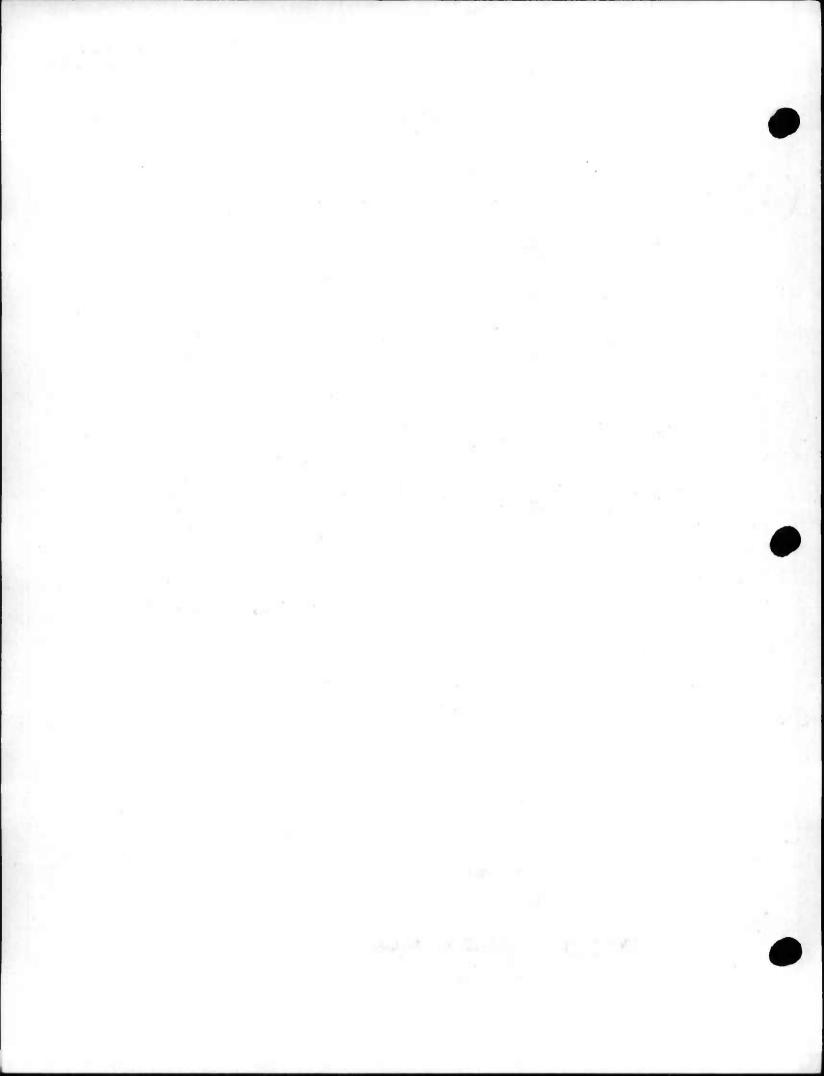
Laurel, MD Banfer, MD 8383 Cl 32. REGISTRAR'S SIGNATURE Julia Davidson-Andrea 20707 8383 Cherry Lane Dr. Raymond (
31. DATE FILED (Month, Day, Year) Raymond E.

nn 19'90

296 SIGNATURE AND TITLE OF CERTIFIER



	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN REG. NO.	Ε ,	1				
	1. DECEDENT'S NAME (First, Middle, Last)	AZI	els		2. DATE OF DEATH	" ₆ 16 99	3. TIMP OF DEATH AN				
	214-12-5940	SEX 6. AGE (In yrs. lea	YRS. MONTHS DAY	'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/4/192	3 M	BIRTHPLACE (State or Foreign Country) aryland				
NC N	9a. FACILITY NAME (If not Institution, give street Dorchester Gene			n or location of D abridge	EATH	9c, COUNTY Dorc	hester				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?				
	Maryland Dorch 100. STREET AND NUMBER	ester	Toddy	7ille 10f. ZIP CODE		1 YES 2 NO					
FUNERAL	2636 Back Stree		Mass	21672			US				
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2XXX IF YES, GIVE WAR OR DATES	NO If yes	DECENDENT OF HISPA , specify Cuben, Mexico YES 2 X NO Specie			RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
MPL	10		aker Asse								
	17. FATHER'S NAME (First, Middle, Last) Vernon Leon Mor	rie			AME (First, Middle, Malden a Meredit						
D BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRESS (Str				rie)				
TO	Jones Mills		2636 Back								
T I	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Toddville Churchvard Toddville, MD.										
21. SIGNATURE NERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas F 700 Locust St. Cambri							dge, Md. 21613				
	23. PART /. Enter the diseases, pr con shock, or heart fellure. Lis	plications that caused the det only one cause on each line		mode of dying, suc	ch es cardlec or resp	iretory srrest	Approximate interval Between				
it, ille ii	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		osseble o	ble Acut	e M I		Onset and Death				
Z		DUE TO (OR AS A CÓNSE	OUENCE OF):	enteur	in D L	tellis	tus				
ATIO	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	ertensio	on, D Mel	litus					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d										
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMULABLE PRIOR TO										
IAN	25. WAS CASE REFERRED TO MEDICAL		2	6. PLACE OF DEATH (C	theck only one)						
YSICI	1 YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpatient		Home 5 - Residence							
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	INJURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED				
TED	3 Suicide S Could not be 4 Homicide detarmined	26e. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, street, factory,	office	26t. LOCATION (Street City or Town, State		Rural Route Number,				
BE COMPLETED	one) —	N: To the best of my knowledge, d On the basis of axamination and/or					ause(s) and manner as stated.				
8 8	29b. SIGNATURE AND TITLE OF CERTIFIER	Eyup Tanmar		29c. LICENSE NO	IMBER	29d. DATE S	IGNED (Month, Day, Year)				
≥ 2	30. NAME AND ADDRESS OF PERSON WHO	000									
	31. DATE FILED (MORTY, Day, Year)	32. REGISTRAR'S SIGNATURE Julia Davidson	Pandalle								



8

30. HAME AND ADDRESS OF PERSON

22 BEGISTRAN'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE
REGISTRAR William Percy Marshall CERTIFICATE OF DEATH 1 -REG. NO. 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 96 YEAR 111 Cc 0 200 1 -12 7 DATE OF BIRTH A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8 BIRTHRI ACE (State or Foreign 8-36-81 DAYS HOURS 1 M 2 - F VRS -03-Mn 9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Gen. Hosp. DIRECTOR Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY 10s. STATE MD Anne Arundel Deale 1 YES 2XX HO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5943 Rockhold Creek Drive 20751 or attending physician, or use as the burial-transit USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPAHIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES 2 3 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Hever Married 2 Married 1 YES 2 KHO Specify BY 3 X Widowed 4 Divorced white COMPLETED 18a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIHD OF BUSINESS/INDUSTRY (Specify only highest grade þ Elementary/Secondary (0-12) College (1-4 or 5+) death. Page 6 may be retained by the hospital) by the funeral director, page 5 should be detached removal. Inspector MD Marine Police once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Maiden Surname) Morris Marshall Violetta Rogers TO BE notified 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gene U. Marshall 5681 Swamp Circle Rd., Deale, MD be 20s. METHOD OF DISPOSITION
1 N Burtel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATIOH -- City or Town, State must 4 Donalion 5 Other (Specify) Woodfield Cemetery Galesville (AA) MD examiner 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, Owings, MD 20736 after medical 22 PART I. Enter the diseases, or complications that cased the death. Do not enter the mode of dying, such as cerdiec or respiratory filled in by Approximate hours shock, or heert feliure. Liet only one ceuse on each line. Interval Between et. elosto Onset and Death **IMMEDIATE CAUSE (Finel** cremation, the disesse or condition_ and completely fi o burial, crematio executed within resulting in deeth) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially liat conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to the attending physician Mental Hygiene prior to if any, leading to immediate certificate be e. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST 6 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death any Injury, DIVISION OF VITAL RECORDS, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL n signed by the Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 1-NO OF DEATH? 1 | YES 2 | NO has been s Dept. of H n 23 shov PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item After this certificate I death with the State HOSPITAL: OTHER 1 YES 2 HO itient 2 - ER/Outpetient 3 - DOA ng Home 5 🗆 Residence 8 🗀 Other (Specify) 0 27. MAHHER OF DEATH 28a. DATE OF IHJURY 28b. TIME OF 28c. IHJURY AT WORK? 28d. OESCRIBE HOW IHJURY OCCUREO marked, INJURY 1 Natural 5 Pending м 1 YES 2 HO BY Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 8 Could not be DIRECTOR: A hours after d 99 COMPLETED 4 Homicide 28 determined Item 29a, CERTIFIER 1 ETTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL within 72 h IMPORTANT: If ile of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CHACL 29c. LICENSE NUMBER BE 뿚 포 2 23 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21203-3146	After death. Page 6 may be retained by the hospital or attending physician.	The attending physician and comply, by the funeral director, page 5 should be detached for use as the burial-transit permit Avoiding physician and comply, or removal.	income of the formattee description of the gradition around has a solid has a solid of section
13146	executed \	and comp burial, cr	madia atta
S, P.O. BOX 13146	e death certificate be executed v	he attending physician and comply Mental Hydiene prior to burial, cremany	other twee
P.C	death o	attendi	-

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MA				F HEALIH AND DF DEATH	MEN	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH			3. TIME OF DE	ATH	
Steven	н.		Mielo	zasz			une 16		90	7:00	Ам	
4. SOCIAL SECURITY NUMBER	7	B. AGE (In yrs. les		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. 0	ATE OF BIRTH		BIRTHE	PLACE (State or	Foreign	
216-18-3004	1 M 2 F	66	YRS.	MONTHS DA	YS HOURS MIN.		Month, Day, Year) 8-24-23		Country	Maryla	nd	
9a. FACILITY NAME (If not institution, give		00		9b. CITY, TO	WN OR LOCATION OF		0-24-23	9c. COUNT	Y OF DE			
113 New Jersey	Ave. N.W			Glan	Burnie			Λ Λ	A.A. County			
RESIDENCE OF DECEDENT	AVC. II.W	•		GTCII	Dainie				county			
10e. STATE 10b. COUNT				TOWN OR LO			10d. INSID					
MD Anne	e Arundel		G	ilen B	urnie					1 - YES 2 X	ON [
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZE	EN OF W	HAT COUNTRY	7	
113 New Jersey	Ave. N.W.				21061			U	.S.A	١.		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WA	YES 2 A	10			RIGIN? (Specify Yaa erto Rican, atc.)	or No 1	Black,	- American in White, atc.	dien,		
15. DECEDENT'S EDI (Specify only highest grad		18a. DE	CEDENT'S L	JSUAL OCCUI	PATION		16b. KIND OF BUS	INESS/INDU				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	ork done dunn retired.)	g most of working							
Grade 11	None		Meat	Cutte	r		A+P Foo	d Sto	re-	Retail		
17. FATHER'S NAME (First, Middle, Last)						NAME (F	irst, Middle, Maiden					
Stanislaw		Mielcza	SZ		Stepha	anie	Zabkov	vska				
19a. INFORMANT'S NAME (Type/Print)				ADDRESS (St	eet and Number or Run				ode)			
Helen Mielczasz		1	13 Ne	w Jer	sey Ave.	N.W	.,Glen B	urnie	MD	21061		
20e. METHOD OF DISPOSITION 1 (V Burla) 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)												
4 Donation 5 Other (Specify)	mover from State	Holy	Cross	Ceme	tery		Br	ookly	n, M	Marylan	ıd	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 421 Crain Hwy. S.E.												
>Release H		Bul.	_	Kin	klay Euna	ר מע						
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between												
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or conditions, in the conditions) as a consequence of the conditions of the condit												
PART II. Other significant condition	ne contributing to d	leath but not r	esulting in	n the under	fylng cause given	in Part	I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY		
Lypen	Cho	eat	ho	ler	nla		1 🗆 YES 2	140		COMPLETION OF DEATH?	NO T	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					8. PLACE OF DEATH	(Check o	nly one)					
1 YES 2 TO NO	HOSPITAL:	ER/Outpatient 3		OTHER:	Home 5 Residence	ce 6 🗆	Other (Specify)					
27. MANNER OF DEATH	28s. DATE OF 3 (Worth, Dep		28b. TIME		: INJURY AT WORK?	280	I. DESCRIBE HOW II	NJURY OCCI	JRED			
1 Natural 8 Pending	\ \\ \/	TA	INJU		YES 2 NO			-				
2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF	INJURY At he	rne, farm, si	treet, factory,	office	281	LOCATION (Street a	and Number o	or Rural R	loute Number,		
4 Homicide determined	building, e	te. (Specify)					City or Town, State)					
nee!	SICIAN: To the best of n) end manner a	s stated.	
296 SIGNATURE AND TITLE OF CERTIFI	ER 0	11			29c. LICENSE N	NUMBER		29d. DATE	SIGNED	(Month, Day, Ye	ar)	
Lenjamin	n No	Dura	ma	u.A	up Di	DE	36 48	1	in	9 11	,10	
30. NAME AND ADDRESS OF PERSON W	V last	OF DEATH TE	M 27) (Type,	Print)	· VI (V		- 10	9		2 (0	1	
Benjamin deG	uzman 1720	Crain	Hwy.	Suite	204, Gle	en E	Burnie M	1D	210	61		
	Benjamin deGuzman 1720 Crain Hwy. Suite 204, Glen Burnie MD 2106											
0011 ~ 1 1000 0												

and the state of t

THE 2 TYPE CENTRAL POR

DHMH-18 Rev 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR RTIF					MENT	TAL HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	Catheri		M	ner				MO	TE OF DEATH	×/	YEAR 90	3. TIME OF DEATH 20 22 M		
	4. SOCIAL SECURITY NUMBER 217-18-7648	5. SEX 1	6. AGE (In yrs. lest	vRS.	IF UNDER	DAYS	IF UNDER	MIN.	Aug	te of BIRTH onth, Day, Year) ust 22,		Ma	ryland		
E G	9a. FACILITY NAME (If not Institution, give si Washington Coun		tal				r LOCATIO		ATH		shin	gton			
100	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY		
EIG	Maryland	Washing	ton	Hagerstown								LIMITS? 1 X YES 2 NO			
RAL	100. STREET AND NUMBER 827 Woodland Way	7				101	. ZIP CODI	E 2174	n		10g. CIT	U.S	WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDER	NT EVER IN U.S. ARI I YES 2 XN MAR OR DATES			If yes, sp	ENDENT C	F HISPAN	IIC ORI	GIN? (Specify Yes to Rican, etc.)	or No—	14. RACI	E — American Indian, k, White, etc.		
	15. OECEDENT'S EOU (Specify only highest grade	CEDENT'S	work done	CCUPATIO	ON st of workli	na	Т	16b. KIND OF BU	SINESS/IND	USTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.) 0-8 housewife														
S	17. FATHER'S NAME (First, Middle, Last)	D.	1				18. MOT		-	st, Middle, Maiden					
B	Charl	es ba	ker	. MAILING	ADORES	S (Street e	nd Number		ona			Code)			
임	Mrs. Nancy L. Ta	ylor			.ING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jefferson Street, Hagerstown, Maryland								yland 21740		
	20a. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specily)	of dispos							cation —		wn, State Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE \ 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home														
	· SCOTT	Min	nech		41	5 Ea	st W	ilso:	n B	lvd., H	lager	stow	n, MD 21740		
	IMMEDIATE CAUSE (Final)))										Approximete interval Between Onset and Death				
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evants resulting in deeth) LAST a. CAVIO NUMBERLY IN AURONATY AVES DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											Yes			
MEDICAL	PART II. Other eignificent condition	e contributing to	o death but not r	eeuiting	in the u	nderlyin	g ceuse	glven in	Part i	24a. WAS AN PERFOI 1 TYES		241	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	4		OTHE		LACE OF E	EATH (Ch	eck on	y one)					
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Ó	ER/Outpatient 3 F INJURY Day, Year)	26b. TIN	IE OF JURY	28c. IN.	URY AT		_	Other (Specify) DESCRIBE HOW	INJURY OC	CURED			
B	2 Accident Suicide Accident Su								28t.	LOCATION (Street City or Town, State	1 YES 2 NO ory, offica 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
읩		bullating		29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
OMPLETED	4 Homicide determined 29a. CERTIFIER (Check only	ICIAN: To the best of											a) and manner as stated.		
D BE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only	ICIAN: To the best of					death occu		time,		nd due to t	he cause(D (Month, Day, Year)		
	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of R Works A COMPLETED CAN	examination and/or	Investigation	on, In my	opinion, d	29c. LIC	ENSE NUI	MBER		29d. DAT	TE SIGNE	D (Month, Day, Yeer)		

EXP 6/21/96 MINER, CATHERINE 2022

31. DATE FILED (Month, Day, Ye

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

30. NAME AND ADDE W.W.

31. DATE FILED (Month, Day, JUN 21

									90	18404	
	FOR 1 - STATE	STATE OF MARYL				EALTH AND P		E			
-	REGISTRAR		CERT	IFICALI	E UF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		,	_			2. DATE OF DEATH DO		YEAR	3. TIME OF DEATH	
		CORNELIA E.						5,	1990	7:00 p.m	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthd	MONETHIS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign	
	212-14-6237	1 □ M 2 🖾 F 85	YR				9/24/1904		ordsburg, PA		
	Se. FACILITY NAME (If not institution, give	,		9b. CIT	Y, TOWN O	R LOCATION OF DE	EATH	9c. COL	JNTY OF DE	EATH	
5	Washington Cou	nty Hospital		Hag	gerst	cown		Wa	shing	ton	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	rv .	100	CITY, TOWN	OR LOCAT	ION			10d. INSIDE CITY		
DINECTOR			1							LIMITS?	
	10e. STREET AND NUMBER	hington		Hagers		ZIP CODE		40 - 017		1 YES 2 NO	
EHAL					107	70.				HAT COUNTRY?	
	Marsh Pike					21740			S.A.		
ē	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13.			IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No-	14. RACE Black.	— American Indien, White, etc.	
	3XXWidowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1	1 YES	2 XNO Specify	y:		Specify		
	15. DECEDENT'S ED	I CATION	16a, DECEDEN	TTPE LIEULAL C	VOCULINATIO	NM	16b. KIND OF BU	DIAIFOC/IN	DUISTRY	White	
	(Specify only highest grad	le completed)	(Give kind	i of work done OT use retired.)	during mos		160. KIND OF BU	SINE 33/IN	DUSTRI		
	Elementary/Secondery (0-12)	College (1-4 or 5+)		ŕ				TT	Ome		
I I	Unknown 17. FATHER'S NAME (First, Middle, Last)		Hom	emakeı			ME (First, Middle, Maiden		ome		
3	17. PAIREN S NAME (FIRST, MILLONE, LIST)	Unknown									
	19e. INFORMANT'S NAME (Type/Print)	OHKHOWH				e V. Mello					
2					Route Number, City or Tow						
	Roger Stemply						nesboro, Pi	_			
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 🏋 Cremation 3 □ Rea	noval from State	other place)			netery, crematory or			- City or Tox		
	4 Donation 5 Other (Specify)		Smiths			torium		thsb	irg,	MD 21783	
	21. SIGNATURE OF FUNERAL SERVICE L	D 1						-			
	-famer U.	Dowlersof					L Home, Ind Street, Way		horo	DA 17268	
	23. PART I. Entar the diseases, or									Approximata	
		. List only one cause on	aach line.	-03						Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	iY	1.015	SV.	sita.	n Fo	chus.			201	
	resulting in death)	a. DUE TO (OR AS	A CONSEQUENC		1501	70	cijare			-ynn	
.		A	1-1		0 . 0					SVKS	
HILLAHON	Sequentially list conditions,	DUE TO (OR AS	CONSEQUENCE	E OF):	W)					10/12	
ξ	If any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):		-					
-	resulting in death) LAST	d									
3											
4	PART II. Other algnificant condition					g cause given in	Part I. 24e. WAS AN PERFO	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL	Corunar	y Arten	1 15	sease			1 YES :	NO 🔀		COMPLETION OF CAUSE OF DEATH?	
ŭ Z		<u> </u>								1 TYES 2 NO	
H TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)				
5	1 TYES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 【XER/Ou	tpatient 3 🗆 DC	OTHE		e 5 🗆 Residence	8 Other (Specify)				
-	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY O	CCURED		
-	1 Natural 5 Pending	M 1 VES 2 NO									
0	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJUR	Y At home, fa	rm, street, fa	ctory, offic	•	28f. LOCATION (Street	end Numb	er or Rural R	loute Number,	
ŭ	4 Homicide datermined	building, etc. (Sp	ecaty)				City or Town, State	,			
4	290. CERTIFIER 1 /2 CERTIFYING PHY	SICIAN: To the best of my kno	wledge death	regressed an etc.	time dat-	and place and dire	to the property and	nner en ci	leted		
COMPLEIE	one)	SICIAN: 10 the best of my kno VER: On the basic of examinat								and menner ee stated	
3					aprilating t						
u .	29b. SIGNATURE AND TITLE OF CENTRAL	1 MD				29c. LICENSE NUI		29d. D/	TE SIGNED	(Month, Day, Year)	
5	WW En	1110				D 0596	7		6-14-80		

Hagerstown.

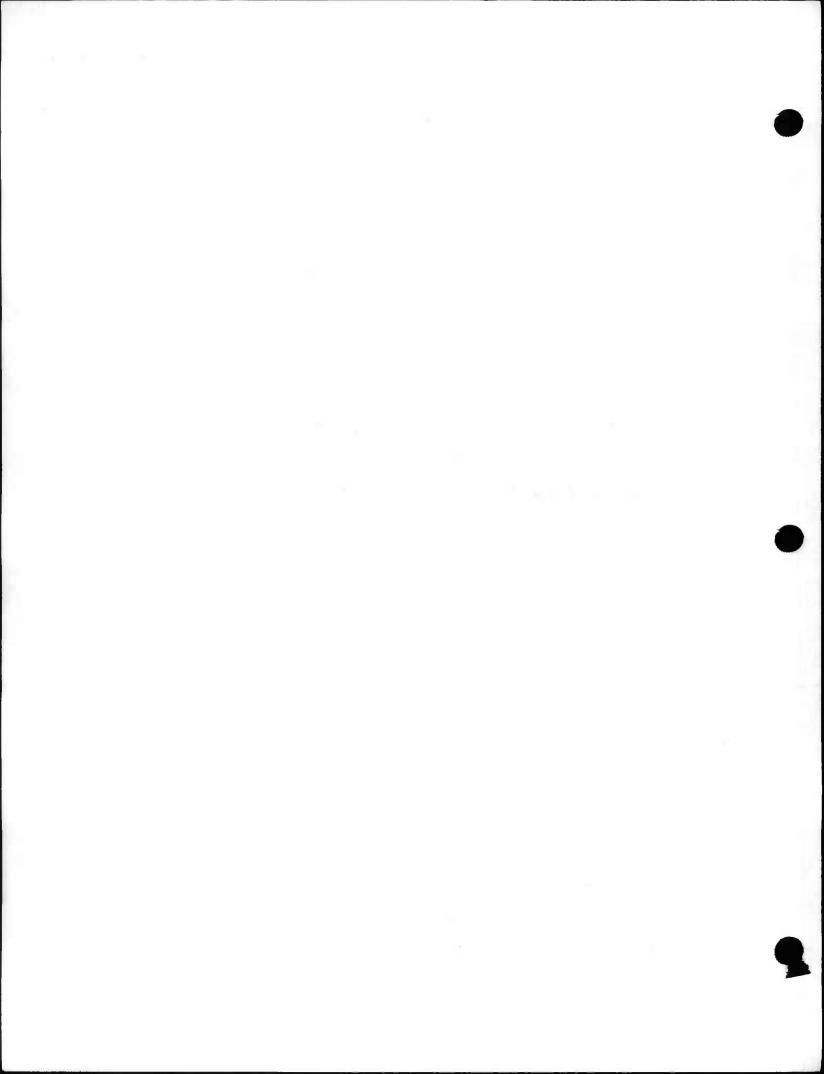
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Division

32. REGISTRAR'S SIGNATURE

411

'90



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

FOR

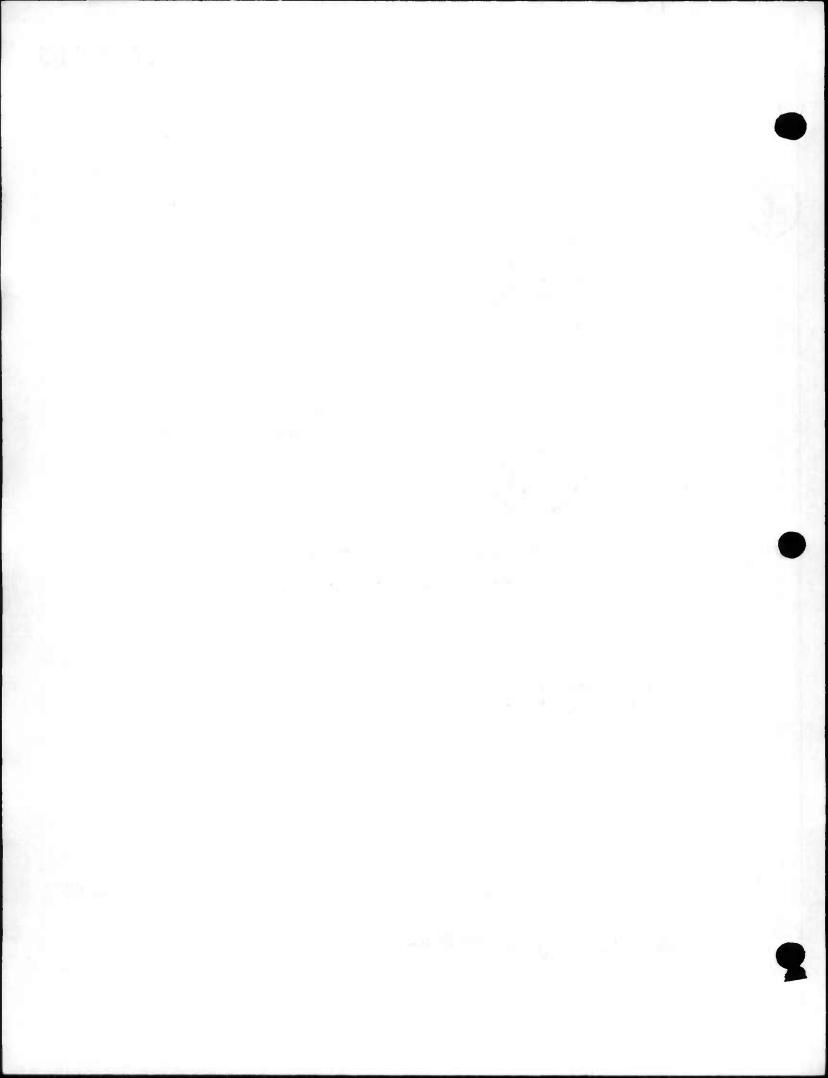
TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR			CERTIF	ICATE	OF	DEAT	TH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, La	ist)								TE OF DEATH			3. TIME OF	DEATH
Bessie L.	Murray							Ju	ne 1		1990	4:30	a.m.M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE ('In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	7 24 MRS.	7. DA	TE OF BIRTH		6. BIRTH	PLACE (State	
214-74-0770	1 🗆 M 2 🖵 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year) /07/1895	5	Mar	vland	
9e. FACILITY NAME (If not institution, gi	ve street and number)	1 33		9b. CITY,	TOWN O	R LOCATI	ON OF D		01/109	-	INTY OF D		
Williamsport Nu		0				spor							
RESIDENCE OF DECEDENT	TSING HOM			MIT	TTall	ispoi	. L			was	shing	LON	_
10e. STATE 10b. COL	INTY		10c. CI	TY, TOWN O	R LOCAT	ION						10d. INSIDE	
Md. Wash	ington		Wi	lliam	spor	t						1 XYES	
10e. STREET AND NUMBER						ZIP COD	Ε			10g. Cl1	TIZEN OF W	VHAT COUNT	RY?
4 N. Artizan Str	eet				2	1795	5			US	SA		
11. MARITAL STATUS	12. WAS DECEDE								GIN? (Specify Yes		14. RACE	- Americer	indlen,
1 Never Merried 2 Merried	FORCES? IF YES, GIVE					2 NO			to Ricen, etc.)		Speci	Wy:	
3 🕅 Widowed 4 🗌 Divorced	200										Wh	ite	
15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)		16a. DECEDENT': (Give kind of	work done d	CUPATIO	N st of works	ng		16b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT										
8			Homemek	er					Home				
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (Fin	st, Middle, Malden	Surneme)			
Robert Miller						Sus	san S	Stun	qp				
19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	(Street e	nd Numbe	r or Rural	Floute N	umber, City or Tow	n, State, Z	ip Code)		
Lowell S. Murra	y		229	Divis:	ion	Ave.	Has	gers	stown, N	1d.	2174	0	
20e. METHOD OF DISPOSITION 1)C Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other price) 20c. LOCATION — City or Town, State													
4 Donation 5 Other (Specify) Orchard Ridge Cemetery Hancock, Md.													
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		22.1	NAME AN	ID ADDRE	SS OF F				,		
¥16.0.) A	1100	11				mera						
23. PART I. Enter the diseases,	or complications th		d the death. Do						eet Ha				/50 oximate
shock, or heart fallu	re. List only one co	suse on e	ach line.	not antai	tiva mo	ua or uy	my, suc		ardiec or reep	natory a	iigot,	Interv	al Between
IMMEDIATE CAUSE (Final disease or condition	P-					۸						Onse	t and Death
resulting in death)	* 1/F.	SHIK	LATOR A CONSEQUENCE	.X	-	116	NR	E				-	
	^				2.15	^^	ONI	^					
Sequentially list conditions,	61		TION		-NE	WIL	U/V/	n				-	
If any, leading to immediate cause. Enter UNDERLYING	002 1	O (OH AS A	CONSCOUENCE	Jr):								j	
CAUSE (Diseese or Injury	C. DUE 7	O (OB AS A	CONSEQUENCE	DED:								<u> </u>	
thet initiated events resulting in death) LAST	552 1	0 (011 110)	, condition ,	J. J.								į	
	d											-	
PART II. Other significant condi	tiona contributing (o death b	out not resulting	In the un	darlylng	cause	given in	Part I	. 24a. WAS AN		7 24b		PSY FINDINGS
BREAST U	424 NOM	A							PERFOR			AVAILABLE F	
	ARGNOM.								1 1 163	A_ANO		DF DEATH?	2 🗆 но
	IEG 10010C	-						—				1 TYES	2 NO
25. WAS CASE REFERRED TO MEDICA	ı. T				26 PI	ACE OF (DEATH (C	hack and	y one)				
EXAMINER? 1 YES 2XXNO	HOSPITAL:	□ EB(O:++	antions a D DOS	OTHER	1 :								
27. MANNER OF DEATH	26e. DATE O		patient 3 DOA	-	alng Hom 28c, tNJ		lesidence		other (Specify)	N HIDV O	CCUBEO		
12€ Netural 5 ☐ Pending		Day, Year)	100.11	NURY M	WO	RK? YES 2	- NO	200.	OESCHIBE HOW	indun'i O	CCOREO		
2 Accident investigati		OF INLESS	v 44.5 4	-1					00474014 (04	N - 17			
3 Suicide 6 Could not	De building	g, etc. (Spe	/ — At home, farm	, street, facto	ory, ome	•			City or Town, State)		er or Hurai i	Houte Number	
					_							-	
(British Siny	HYSICIAN: To the bast	of my know	vledge, desth occu	rred at the ti	lme, dete	end place	e, end du	e to the	cause(e) end me	nner as st	sted.		
one) 2 MEDICAL EXAM	MINER: On the basic of	examinatio	on end/or investigat	lon, in my o	pinion, d	esth occu	ared at the	time, o	date end place, er	nd due to	the ceuse(e) end menne	r ee stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day,	Year)
750	HAIR	MD				D 33	700					= 13.	1990
30. NAME AND ADDRESS OF PERSON	7000		EATH (ITEM 27) (Tv	oe, Print)								_ 10	
Dr. Ted E. Howe.	18100 Ma	rden	Lane. C	lnev	MD	208	32						

32. MEGISTRAPS SIGNATURE PANDELL





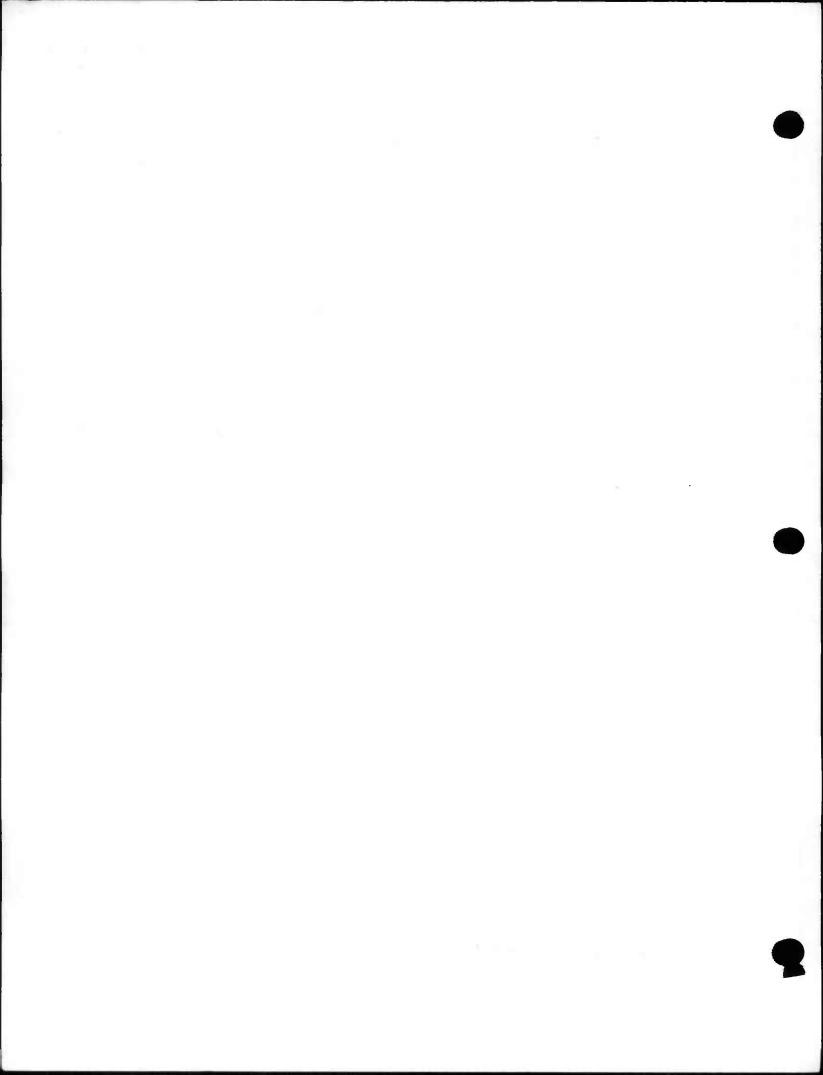
TO BE COMPLETED BY FUNERAL DIRECTOR

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al.	tic event, the medical examiner m
ог гетто	medica
cremation,	ent, the
to burial,	umatic es
ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic
d Mental H	Injury, or
Health an	ows any
Dept. of	n 23 sh
the State	or Her
ath with	marked

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	0	F DEAT	TH		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle,	Last) . I	3 D		2. DATE OF DEATH 3. TIME OF GEATH			
CHARLES A SOCIAL SECURITY NUMBER	WILLAM 5. SEX 5. AGE	METZ	The same of the sa	MONTH DAY	YEAR 1747 M 8. BIRTHPLACE (State or Foreign		
217- 32- 7044	1 M 2 □ F 54	MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	(Month, Day, Year) Dec. 8, 1935	CAMERET TILL CRAVE		
9a. FACILITY NAME (If not institution,		1	CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH		
RESIDENCE OF DECEDEN	IT	SITAL	ROCKVILLE, MI	ary HWO	MONTLOMERY		
10e. STATE 10b. C	DUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?		
Maryland Wa	ashington	Kee	dysville	100	1 YES 2 X NO		
	shoul Green D.		20, 20, 20,	100			
11. MARITAL STATUS	stnut Grave Rd.		21756	IIC ODICIN2 (Secretar Veneral N	U. S. A.		
1 Never Married 2 Married 3 Widowed 4 Divorced	COROCCO 4 1 VEG	2 Z NO	If yes, specify Cuben, Mexics 1 YES 2 NO Specify	n, Puerto Rican, etc.)	o— 14. RACE — American Indien, Black, White, atc.		
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b, KINO OF BUSINES	S/INDUSTRY		
10		Construct	ion Labor	Constru	ction		
17. FATHER'S NAME (First, Middle, Le	st)			ME (First, Middle, Maiden Suma			
Charles Enoch	n Metz		Cathe	rine Viola S	pringer		
19e. INFORMANT'S NAME (Type/Print		100000000000000000000000000000000000000	DRESS (Street and Number or Rural	CENTRE OF THE CO.	2.0.707		
Marian L. Met			Mt. Lena Rd ON (Name of cometery, crematory or		Maryland 21713 ON - City or Town, State		
X□ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify	Removal from State	other place)	r Cemetery		Maria Salar Harristan		
21. SIGNATURE OF FUNERAL SERV		bampies Mac	22. NAME AND ADDRESS OF FA		es Manor, Md.		
1 Jucalo	A. Fring		BAST FUNERAL	. H()MH:	Boonsboro Pike sboro, Md. 21713		
23. PART I Enter the disease	s, or complications that cause	ed the death. Do not	enter the mode of dying, aud		ry arreat, Approximete		
IMMEDIATE CAUSE (Final disease or condition	llure. List only one cause on		1 /		Interval Between Onset end Death		
resulting in death)	a. OUE TO (OR AS	A CONSEQUENCE OF):	1 Intare	71000			
	Coro.	vary/	Jetry Dis	each			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	1011.4.				
CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):	ull 1745				
resulting in death) LAST	1 Hypi	enliped	emia				
PART II. Other algolificant con	ultions contribution to doub	hut not reculated to t	ha wadadulaa aawa alwa la	Part I. 24s, WAS AN AUTO	DPSY 24b. WERE AUTOPSY FINDINGS		
PART II. Other aigninicant cor	ditional contributing to death	but not resulting in t	ne underlying cause given in	PERFORMED	27 AMAILABLE PRIOR TO COMPLETION OF CAUSE		
				1 TYES 2 12-4	OF DEATH?		
				_			
25. WAS CASE REFERRED TO MEDI			28. PLACE OF DEATH (CA	neck only one)			
EXAMINER? 1 YES 2 NO	HOSBITAL: 1 ☐ Impatient 2 ☐ ER/Ou		THER: Nursing Home 5 - Residence	a □ Other (Specify)			
27. MANNER OF DEATH 1 Pendin 5 Pendin			F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED		
2 Accident investig 3 Suicide a Could 4 Homicide determine	28e. PLACE OF INJUI	RY — At home, farm, atre- pecify)	et, factory, office	261. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,		
20- CERTIFIER							
(Check only	PHYSICIAN: To the best of my kno (AMINER: On the basis of examinat				as stated. e to the ceuse(e) end menner as stated.		
29b. SIGNATURE AND TITLE OF CE		. 199	29c. LICENSE NU		d. DATE SIGNED (Month, Day, Year)		
	ARCA 1			7837	C/21/90		
30. NAME AND ADDRESS OF PERS	LAREA	PEATH (ITEM 27) (Type, Pri	Carroll /	ve Take	LE PR MD		
31. DATE FILEO (Month, Day, Year) JUN 25 '90	30. REGISTRAR'S SIG	MATURE MARCHE					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	i.	
1. DECEDENT'S NAME (First, Middle,	Last)			2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATN
Anna Bella M	iller			June 18,	1990	3:00 a.m
4. SOCIAL SECURITY NUMBER	1 1	(In yrs. last birthday) F	UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	s, BIRT	TNPLACE (State or Foreign
215-36-7129	1 □ M 2 1x F 5:	YRS.	NTHS DAYS HOURS MIN.	March 31	1939 cour	Maryland
9a. FACILITY NAME (If not institution,		96	CITY, TOWN OR LOCATION OF	DEATN	9c. COUNTY OF	
31 E. Irvin			Hagerstown		Washi	ington
RESIDENCE OF DECEDEN	DUNTY	10c, CITY, T	OWN OR LOCATION			10d. INSIDE CITY
Maryland	Washington		gerstown			LIMITS?
10a STREET AND NUMBER	Washington	1 110	10f. ZIP CODE		10g. CITIZEN OF	WNAT COUNTRY?
31 E. Irvin A	zenue		2174	0	USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 XNO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Max 1 — YES 2 X NO Spe	ican, Puarto Rican, atc.)	Bio	CE — American Indian, ack, White, etc.
15. DECEDENT' (Specify only highes	S EDUCATION	16a. DECEDENT'S US		16b. KIND OF BU	JSINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 6 +)	Me. Do NOT use re	done during most of working stired.)			
12 years	2 years	Nurse		Nursin	g	
17. FATHER'S NAME (First, Middle, La	st)		18. MOTNER'S	NAME (First, Middle, Malde	n Sumame)	
Edward Ellis	Welsh		Rosa	nna Findley		
19a. INFORMANT'S NAME (Type/Prin)	19b. MAILING AD	DRESS (Street and Number or Ru			
Grant Welsh			mmit Avenue			d 21740
20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI	ON (Name of cemetery, crematory		OCATION — City or	
1 X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 6 ☐ Other (Specify	Removal from Stata	Rose Hill	Cemetery	Hag		Maryland
21 SIGNATURE OF FUNERAL SERV	MUNIC I	h	Gerald N. M Funeral Home			omac Street , Maryland
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	<i>!</i>	A CONSEQUENCE OF: A CONSEQUENCE OF:	n gjolott	eft	entale	la months
	C 4					
PART II. Other algolificant con	ditions contributing to death	but not reaulting in	tha undarlying cause given	In Part I. 24a. WAS A PERFO	ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI	CAL		26. PLACE OF DEATH	(Check only one)		
EXAMINER?	HOSPITAL:		THER:			
27. MANNER OF DEATH	26a. DATE OF INJURY			26d. DESCRIBE NOV	INJURY OCCURED	
1 Netural 6 Pendin	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 NO			
2 Accident Investi	ation	W. As being dained		26f, LOCATION (Stree	d and Mumber or Dur	nd Bauta Monthae
3 Suicide 6 Could 4 Homicide detarm	not be building, etc. (So	iY — At home, farm, stru ecify)	et, factory, ornea	City or Town, Sta		er route number,
onel only	PNYSICIAN: To the best of my knoc KAMINER: On the bests of examinet					ee(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CE	RTIFIER	11mo	29c. LICENSE			IED (Month, Day, Year)
Howard N. We		181/ Wes	D112	66	•	6/19/90
	ON WHO COMPLETED CAUSE OF D					
	eks, M.D., 58		Ave., Hag. M	ld. 21740		
31. DATE FILED (Month, Day, Year)	Sina Davidson					

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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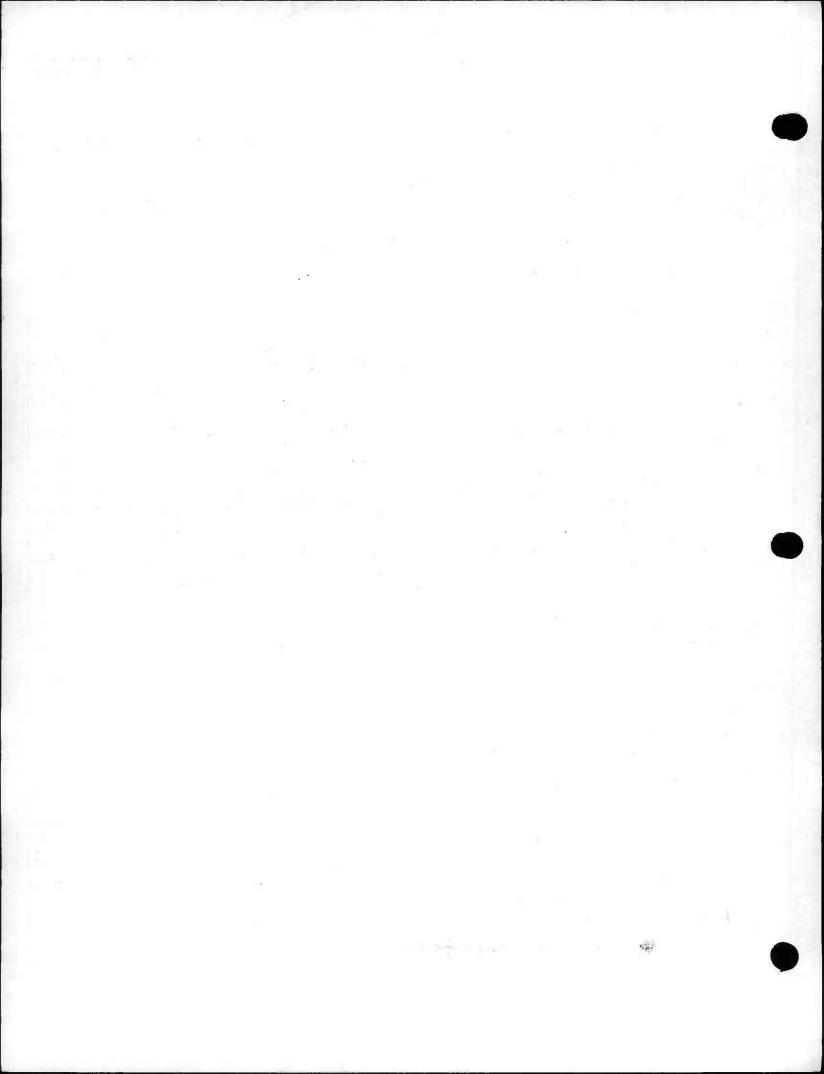
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	2: The la	cate has	Item 2
F VI	YSICIAN	s certify ith the S	10 'pc
ONC	ING PH	After thi	mark
/ISIC	ATTENC	ECTOR:	1 28 is
5	TAL OR	AL DIRI	it iten
	HOSPI	FUNER	TANT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	iMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
		3.	4

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

			CL		CATE OF	DEATI	1	REG. NO.			
I. DECEDENT'S NAME (First, A	Aiddle, Last)						2. DAT MON	E OF DEATH	Y	EAR 3	S. TIME OF GEATH
	Α.		AHON				JU	NE 17	. 199	0	5:17 P
I. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24		E OF BIRTH hth, Day, Year)	6.	BIRTHPI Country)	ACE (State or Foreign
213-14-8145		% M 2 □ F	80	YRS.		1.005		11.190	9 MA	RYL	AND
n. FACILITY NAME (If not inst	itution, give stre	et and number)			9b. CITY, TOWN	OR LOCATION	OF OEATH		9c. COUNTY	OF OEA	тн
HOLY CROSS H		L			SILVER	SPRIN	G		MONT	GOM	ERY
RESIDENCE OF DECE	10b. COUNTY			T 40. OFF	TOWN OR LOCA	TION					
											Od. INSIDE CITY LIMITS?
MARYLAND BO STREET AND NUMBER	MONTG	OMERY		SILV	VER SPR						YES 2 NO
					10	t. ZIP COOE			10g. CITIZEN	I OF WH	AT COUNTRY?
LOOOO BRUNSW						2091	¥		USA		
1. MARITAL STATUS Never Married 2 M		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI X YES 2 N WARLOR DATES	MED 10	If yes, s	ecify Cuban,	Mexican, Puarto	IN? (Specify Yes of Rican, atc.)	or No 14.	RACE - Black,	- American Indian, White, etc.
☐ Widowed 4 ☐ Divorc					1 🗆 YE	2 X NO	Specify:			Specify:	
15 OFCE	OENT'S EDUCA		II	CEDENT'S	USUAL OCCUPATI	ON	1.0	b. KIND OF BUSI		MHI.	NE
(Specify only i	highest grade co	ompleted)	(Gi	ive kind of w	ork done during m	ost of working		D. KIND OF BUSI	NESS/INDUS	Ini	
Elementary/Secondary (0-1	2)	College (1-4 or 5 -		CIEL	ויייסוו ש	T MANT	A CITACIONIO				
FATHER'S NAME (First, Mid	Idin Lant)		PESK	CLER	RK HOTI	T		Middle, Maiden S			
JAMES MAH									urnamaj		
a. INFORMANT'S NAME (Typ	02.	-					HUGHES				
		/>-			ADDRESS (Street						
ATRICIA A.		(NIE			SUDLERSY						
Da. METHOO OF DISPOSITION Burlal 2 7 Cremation	3 🗌 Ramov	ral from Stata	20b. PLACE other pla	OF OISPOS ace)	ITION (Name of ce	metery, cremat	ory or	20c. LOC	ATION — City	or Town	n, Stata
□ Donation 5 □ Other (_	METRO	POLIT	AN CREM	414 0114		ALEX	KANDRI	A. '	VIRGINIA
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if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithet initiated events resulting in death) LAST PART II. Other significan 15. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural S P 2 Accident Accident S CERTIFIER (Check only one) 1 CERTIFIER (Check only one)	d. MEOICAL Mending meatigation could not be etermined FYING PHYSICIAL EXAMINER	DUE TO contributing to contributing to HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, L) 28e. PLACE (building, L) AN: To the bast of	deeth but not r deeth but not r ER/Outpetient 3 INJURY — At ho etc. (Specify)	QUENCE OF resulting is DOA 28b. TIMM INJ	25. F OTHER: 4 Nursing Hote E OF 28c. NV M 1 threat, factory, offi	LACE OF DEA	ATH (Check only dence 6 Otto Check Check only 28d. D	24s. WAS AN / PERFORI 1 YES 2 one) her (Specify) ESCRIBE HOW IN / Yes y or Town, State)	AUTOPSY MED? INO IJURY OCCUP Ind Number or Iner as stated. If dua to the c	REO Rural Ro	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
f any, leeding to immediause. Enter UNDERLYIN AUSE (Disease or injuriate initiated events resulting in death) LAST PART II. Other significan 5. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 P 2 Accident In 3 Suicide 8 C C 4 Homicide Check only One) 2 MEDIC 98. EIGHADURE AND TITLE (98. EIGHADURE AND TITLE (MEOICAL Mending revetigation could not be etermined FYING PHYSICS CAL EXAMINER	DUE TO Contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, C) 28a. PLACE Of building, IAN: To the bast of a	deeth but not r DER/Outpatient 3 FINJURY — At ho etc. (Specify) I'my knowledge, de examination and/or	QUENCE OF resulting is DOA 28b. TIMI INJ	26. F OTHER: 4 Nursing Hote E OF 28c. IN URY M 1 Intreet, factory, offi	LACE OF DEA	ATH (Check only dence 6 Otto Check Check only 28d. D	24s. WAS AN / PERFORI 1 YES 2 one) her (Specify) ESCRIBE HOW IN / Yes y or Town, State)	AUTOPSY MED? INO IJURY OCCUP Ind Number or Iner as stated. If dua to the c	REO Rural Ro	WERE AUTOPSY FINDING MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? UNDERSTANDAMENT UNDERSTA
ause. Enter UNDERLYIN AUSE (Disease or Injury hat initiated events esulting in death) LAST PART II. Other significan S. WAS CASE REFERRED TO EXAMINER? 1	MEOICAL MEO	DUE TO contributing to Contributing to HOSPITAL: Inpatient 2 28e. DATE (Month, E) 28e. PLACE (building, IAN: To the bast of a completed CAM	deeth but not r A-ER/Outpatient 3 FINJURY Pay, Year) If my knowledge, de examination and/or SE DF DEATH (ITE	QUENCE OF resulting i DOA 28b. TIMM 28b. TIMM INJ wheat farm, a	26. F OTHER: 4 Nursing Hote E OF 28c. IN URY M 1 Intreet, factory, offi	LACE OF DEA	ATH (Check only dence 6 Ott 28d, D Och and due to the c d at the time, de SE NUMBER	24s. WAS AN I PERFORM 1 YES 2 one) her (Specify) ESCRIBE HOW IN OCATION (Street as y or Yourn, State) ause(s) and mannita and place, and	AUTOPSY MED? IJURY OCCUR Ind Number or There as stated. If dua to the c	REO Rural Ro	WERE AUTOPSY FINDING NAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Ute Number, and manner as stated. Month, Day, Year) MOnth, Day, Year)



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DIRECTOR

FUNERAL

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COMPLETED

DAL	death.	funera	ехаш
Ó	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
	NOU	ed in	He
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ó	d within	mplete, crem	event,
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DIVISION OF VITAL MECONDS, P.O. BOA 13149,	he dea	the att	njury,
2	that t	d by	my i
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PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED BY

BE

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 🗌 YES 2 💥 NO

27. MANNER OF DEATH

1 🛛 Netural

2 Accident

4 Homicide

3 Suicide

												20	1	0409
FOR STATE REGISTRAR		STATE OF M	MARYL					HEALTH DEAT		MENTAL HYGI REG.				
1. OECEDENT'S NAME (First	, Middle, Last)									2. DATE OF DEATH	DAY	YEAR	3. TIME	E OF OEATH
Gloria A	nne Mi	les								June 10			l	6:00 Pm
4. SOCIAL SECURITY NUMBER	AL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH 8. BIRTHPLA					HPLACE (State or Foreign							
578-60-4732	$578-60-4732$ $1 \square$ M $2 \boxtimes$ F 43 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Feb. 5, 1947 Washin							ton,D.C.						
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH														
20400 Frederick Road, Lot F-6 Germantown Montgome						omer	У							
10a. STATE	10b. COUNTY	r			10c. CITY	r, TOWN	OR LOCA	TION				-		SIDE CITY
Maryland	Mon	tgomery				7 o 2000	anto	r. 190						MITS? 'ES 2 X NO
10e. STREET AND NUMBER	PIOII	cgomery				3CT III	-	1. ZIP COO	E		10a, C	ITIZEN OF		
20400 Fred	derick	Road, Lo	ot F	-6				2087	4			nited		
11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	U.S. ARM	MED	13.				IC ORIGIN? (Specify		- 14. RAC	E — Ame	erican Indian, atc.
1 Never Married 2 🔀		FORCES? 1			0			ecity Cube		n, Puerto Ricen, atc.	1	Spe		atc.
							hite							
15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working														
Elementary/Secondary (0-12)	College (1-4 or 5	+)		Do NOT us	ŕ								
12				Lic	ense	d Pi	ract	ical			rsing			
17. FATHER'S NAME (First, I	fiddle, Last)							18. MOT	HER'S NA	ME (First, Middle, Ma.	den Sumame	9)		
William	W. Bra	intley						G]	.oria	a Anne Mo	ssmar	nn		
19a, INFORMANT'S NAME (Type/Print)			19b	. MAILING	ADDRES	S (Street	and Number	or Rurai	Route Number, City or	Town, State,	Zip Code)		
Wyndham D.	Miles			2	0400	F6	Fre	deri	k Ro	oad, Gern	anto	vn, M	D 2	0874
20a, METHOD OF DISPOSIT	TION	oval from State	200	other pla		SITION (N	ame of ce	metery, crer	natory or	200	LOCATION	— City or 1	fown, Stat	le .
4 Donation 5 Other			_ P					. Par			ockvi			
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE	1	40038	31	22	NAME A	ND ADDRE	SS OF FA	CILITY Robe:	t A.	Pump	hrey	Funeral
Barbara	Joma	mullen &	law	ence	٧	A	ome/ venu	ROCK	ockv	e, Inc. ille, Mar	ylan	west d 20	Mont 850-	gomery 2805
23. PART I. Enter the dehock, or h		complications the				ot ente	r the m	ode of dy	ing, suc	h es cerdlec or r	epiretory	errest,		Approximete
IMMEDIATE CAUSE (FI		la di	0	1 .0			0						0	Onset and Deeth
diseese or condition resulting in deeth)	→	ne	las	tat	ie	CA	6-	Can	cu	_			1	norths
Toolking in coolin		OUE TO	(OR AS	CONSEO										
Sequentially list condi-	lione.	b											_	
if any, leeding to imme ceuse. Enter UNDERLY	date	00E 10	(OH AS	CONSEO	UENCE O	F):							İ	
CAUSE (Disease or injuthat initiated events	ury	DUE TO	(OR AS	CONSEO	UENCE O	F):							_	
resulting in death) LAS	T .	d												

PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuee given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 🗌 YES 2 💢 NO OF DEATH? 1 YES 2 NO

June 18,

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 - Nursing Home 5 K Residence S - Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 YES 2 NO

26. PLACE OF DEATH (Check only one)

D15046

29a. PLACE OF INJURY — At home, farm, street, factory, office building, afc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

//Chack only

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

cura

Stephen J. Newman, 19261 Montgomery Village Avenue, Gaithersburg, MD 20879 M.D.

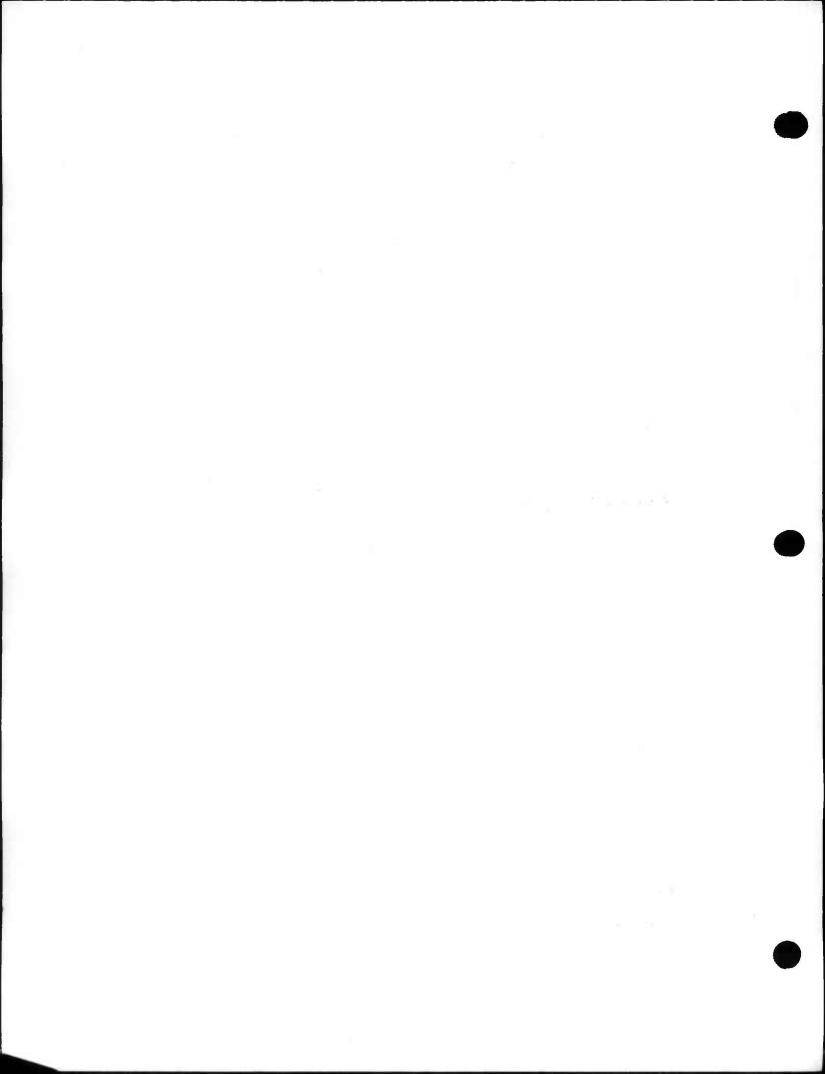
32. REGISTRAR'S SIGNATURE

S Could not be determined

31. DATE FILED (Month, Day, Year)

JUN 1 9 '90 Julia Davidson Randale

DHMH-16 Rev 1/89



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNEPAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Irs af	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal,	edic
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DIVISION OF WITHE INCOMES, 1.0. DOX 10149,	98 /	DIRE	Tem
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9

	FOR STATE OF MARYLA 1 - STATE REGISTRAR		TMENT OF		D MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT NI ROBERT NI			DEATH	2. DATE OF DEATH	DAY	YEAR 6 US AM	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (5.79-50-6489 1 X M 2 - F 51	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Administration Committee of the contract of t	939 V	8. BIRTHPLACE (State or Foreign Country) NASHINGTON, D. C.	
TOR	90. FACILITY NAME (If not institution, give street and number) SOUTHERN MARY AND HOSP RESIDENCE OF DECEDENT	01714/	96. CITY, TOWN	OR LOCATION O		PRIN	TY OF DEATH	
DIRECTOR	106. STATE 106. COUNTY MARYLAND CHARLES		ANS ROA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
RAL	10e. STREET AND NUMBER BOX 480			20616		10g. CITIZ	USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DI	ECENDENT OF HIS	SPANIC ORIGIN? (Specify) exican, Puerto Rican, etc.) pecify:	ee or No—	14. RACE — American Indien, Black, White, atc. Specify:	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	ille. Do NOT us	work done during i se retired.)	most of working	16b. KIND OF B		JSTRY	
₩.	12TH GRADE 17. FATHER'S NAME (First, Middle, Last)	POLICE	OFFICER	_	S NAME (First, Middle, Meide		ERNMENT	
	JOHN ROBERT MOSSBURG			1000 1100 1100	ET GWYNN MA	,		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Stree		tural Floute Number, City or To		Code)	
임	SUSAN L. MOSSBURG	BOX 4	80, BRY	ANS ROA	D, MARYLAND	206	16	
	1 Buriel 2 A Cremation 3 Removal from State	PLACE OF DISPOS other place)					MARYLAND	
	21. Signature of Funerical signate supplies			BOX 156	THE HU		JNERAL HOME,INC AND 20604-0156	
	23. PART I Enter the diseases, or complications that caused shock, or heart failure. List only one cause on ac iMMEDIATE CAUSE (Final disease or condition resulting in death)	ich lina.		node of dying,	such as cardiac or rea	piratory arre	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): SUBJECT OF THE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): SUBJECT OF THE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): SUBJECT OF THE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): SUBJECT OF THE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): SUBJECT OF THE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): SUBJECT OF THE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
E		nancy	, , , , ,	7-07-0	1 11		24b. WERE AUTOPSY FINDINGS	
1 . 1	PART II. Other significent conditions contributing to death of	ut not reaufting	in the underly	Ing cause give	n in Part/i. 24a. WAS / PERF	2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				PERF	ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 1 1 1 1 1 1 1 1	etlent 3 □ DOA □ 28b. TIM	26. OTHER: 4 Nursing H	PLACE OF DEATI	1 YES	2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	entient 3 DOA 28b. TIM	26. OTHER: 4 Nursing H IE OF 28c. I	PLACE OF DEATI	H (Check only one) once 6 Other (Specify) 28d. DESCRIBE HOL	ORMEO? 2 NO V INJURY OCC	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	etlent 3 DOA 28b. TIM IN. — Al home, farm,	26. OTHER: 4 Nursing H IE OF 28c. I	PLACE OF DEATI	H (Check only one) once 6 Other (Specify) 28d. DESCRIBE HOL	ORMEO? 2 NO V INJURY OCC	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28b. TIM	26. OTHER: 4 Nursing H IE OF JURY M 1 matreet, factory, of	PLACE OF DEATI	H (Check only one) 1	V INJURY Occ	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO Or Rural Route Number,	

6 MPLETEO CAUSE, OF DEATH (ITEM

OLD BRANCH AVE, #202, CLINTON, MD 20735

30124

32. REGISTRAR'S RIGHATURE
Julia Davidson-Randalle

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	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF			GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Mayberr	4			2. DATE OF OF MORTH	DAY	YEAR S 41 A M	
	4. SOCIAL SECURITY NUMBER 215-32-6572		1 yrs. lest birthday) T3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIF (Month, Day, 07/09	/9ar) /36	8. BIRTHPLACE (State or Foreign Country) Marvland	
TOR	90. FACILITY NAME (If not institution, give et HARFOLD ME RESIDENCE OF DECEDENT	morial F	os.p.	Hays	or location of de	peath sc. country of death grace, Ma Harford			
DIRECTOR	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
L	Maryland Harfo 100. STREET AND NUMBER	ırd	<u>F</u>	lavre de	Grace of. ZIP CODE		1 1 YES 2 □		
FUNERAL	1 Weber Stre	et Ext.			21078		U.	S.A.	
BY	11. MARITAL STATUS 1 □ Never Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 □ YES 2 ☑ IF YES, GIYE WAR OR DATES								
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPAT work done during re se retired.)	ION ost of working	16b. KIND	OF BUSINESS/IND	USTRY	
MPL	12	0	Case	Worker				Dept. Soc. Serv.	
	17. FATHER'S NAME (First, Middle, Leat) John William L	ittle			16. MOTHER'S NA Thelma		Maiden Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural i	Route Number, Cit			
۴	Robert Mayberry	,			Ext. Ha		Grace, L	Md. 21078	
	1X Burial 2 Cremation 3 Remo	oval trom State	other place) ngel Hil					e Grace, Md.	
	21. SIGNATURE OF FURTHER SERVICE LIC	eyes		22. NAME	ND ADDRESS OF FA				
	* NOOLON. C	alson-			ing-Cargo deen, Mar				
	23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on e	ech line.				1300	Interval Between	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERFLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Consequence of the conditions of								
PHYSICIAN: MEDICAL (PART II. Other algnificant condition	e contributing to death b	ut not resulting	In the underlyl	ng cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
NAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)			
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp			me 5 🗆 Residence				
/ PH	27, MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TJA	JURY V	NJURY AT YORK? YES 2 NO	28d. DESCRIB	E HOW INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, of	Ice	281. LOCATION City or Tox		or Rural Route Number,	
COMPLETED	cool only	CIAN: To the best of my know						ted. ne ceuse(e) and manner aa stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1/2 Valle	~ "	四	29c. LICENSE NU	al	29d. DAT	G 120/90	
5	IRYIN L. W	O COMPLETED CAUSE OF DE A C 15 M A 1 32. DEGISTRADES SIGN GUNA DAMACO	MD 40	7 5. L	MionA	UE A	hole de	gues no	
	31. DATE FILED (Month, Day, Year)	Guia Davids	on Pandell	-		7		0 7	

DIVISION OF VITAL RECORDS, P.O. BO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic	State Dept. of Health and Mental Hygiene prin
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR; After this	be filed within 72 hours after death with

ŀ	FOR STATE REGISTRAR	STATE OF M	MARYLAN	D / DEPAR CERTIF					MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	A	mo	16	M	ίχ	7		2. DATI	E OF DEATH	519	YEAR 3.	TIME OF DEATH
į	4. SOCIAL SECURITY NUMBER 579-46-9241	5. SEX 1 M 2 F	6. AGE (In yo	rs. last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER HOURII	MIN.	(Mon	of BIRTH th, Day, Year) 5/09/37		Wash:	ington, DC
TOR	9a, FACILITY NAME (If not institution, give etr	9b. CITY, TOWN OR LOCATION OF OEATN					ke,	9c COUNTY OF DEATH					
DIRECTOR		ce Geor	ge's		t. Ra								Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3205 Perry Street						2071	2			υ.	S.A.	AT COUNTRY?
BY FU	11. MARITAL STATUS 1 [X] Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVERINU. TYPES 2 MAR OR DATE: CACCTI	2 □NO S	H.	yes, sp	cify Cuba	n, Mexicen	n, Puerto	IN? (Specify Yea Ricen, etc.)	or No-	14. RACE — Black, V Specify:	American Indien, White, stc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5		a. DECEDENT'S (Give kind of life. Do NOT u	work done d			ng	16	b. KIND OF BUS			
MM	12th 17. FATNER'S NAME (First, Middle, Last)	4 yrs.		Clerk			18. MOTI	NER'S NAM	ME (First	Middle, Meiden	Safew	ay	
	Raymond L. Mix						10			Bride	,		
TO BE	19e. INFORMANT'S NAME (Type/Print) Allean Mix			1			nd Number	r or Rural R	Route Nur	mber, City or Town			20712
	20a_METHOD OF DISPOSITION 1	nyal from State		ACE OF DISPO					111		CATION —		
- 1	4 Donetion 5 Other (Specify)	4		. Linc	_					Bre	ntwo	od, Ma	ary1and
	21. SIGNATURE OF FUNERAL SERVICE LICE	I B	Ka	u	Fr	anc	is G		's S	Sons Fu			e, PA , MD 20781
	23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE/CAUSE (Finel				not enter	the mo	de of dy	ing, such	h es ce	rdiec or respi	iratory erro	est,	Approximete Interval Between Onset end Death
	disease or condition resulting in deeth) e												
ATION	Sequentially list conditions, If smy, leeding to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Diseese or Injury that Initiated events resulting in deeth) LAST	OUE TO	(OR AS A CO	ONSEQUENCE (OF):								
PHYSICIAN: MEDICAL CI	PART II. Other significent condition		deeth but	not resulting	In the un	derlyin	g ceuse	given in	Part 1.	24a. WAS AN PERFOI 1 TYES 2	RMED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION DF CAUSE OF DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF E	DEATN (Che	eck only	one)			
YSI	1 YES 2 NO	1 Inpatient 2			4 🗆 Nun	ing Hon		esidence	_	her (Specify)			
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	Day, Year)		M	1 🗌		□ NO		EŞCRIBE NOW	•		
	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE building	OF INJURY — , etc. (Specify)	A1 home, ferm,	atreet, fact	ory, offic	:0			OCATION (Street by or Town, State,		or Rural Roo	ute Number,
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PNYSI												end manner ee atated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	16	ISE OF DEATH	2,	Soles!	1	29c, LIC	C 2	MBER 9	75	29d. DAT	E SIGNED (F	Month, Day, Year)

Silver Spring, Maryland



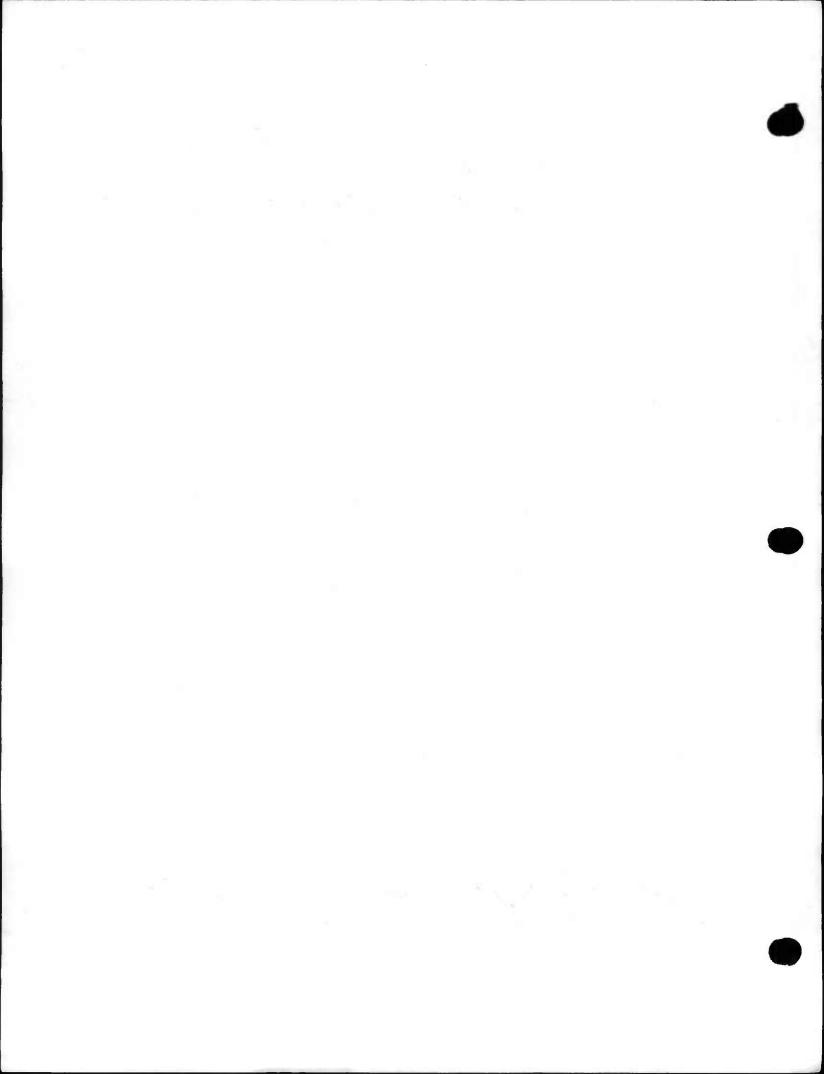
PERSON WHO COMPLETED

MD

1919 Seminary Road,

ia Davidson-Randoll

John Rogers,
31. DATE FILED (Month, Day, Year)
JUN 15 '90



DALLIMORE, MARTLAND ZIZUS-3146	24 hours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

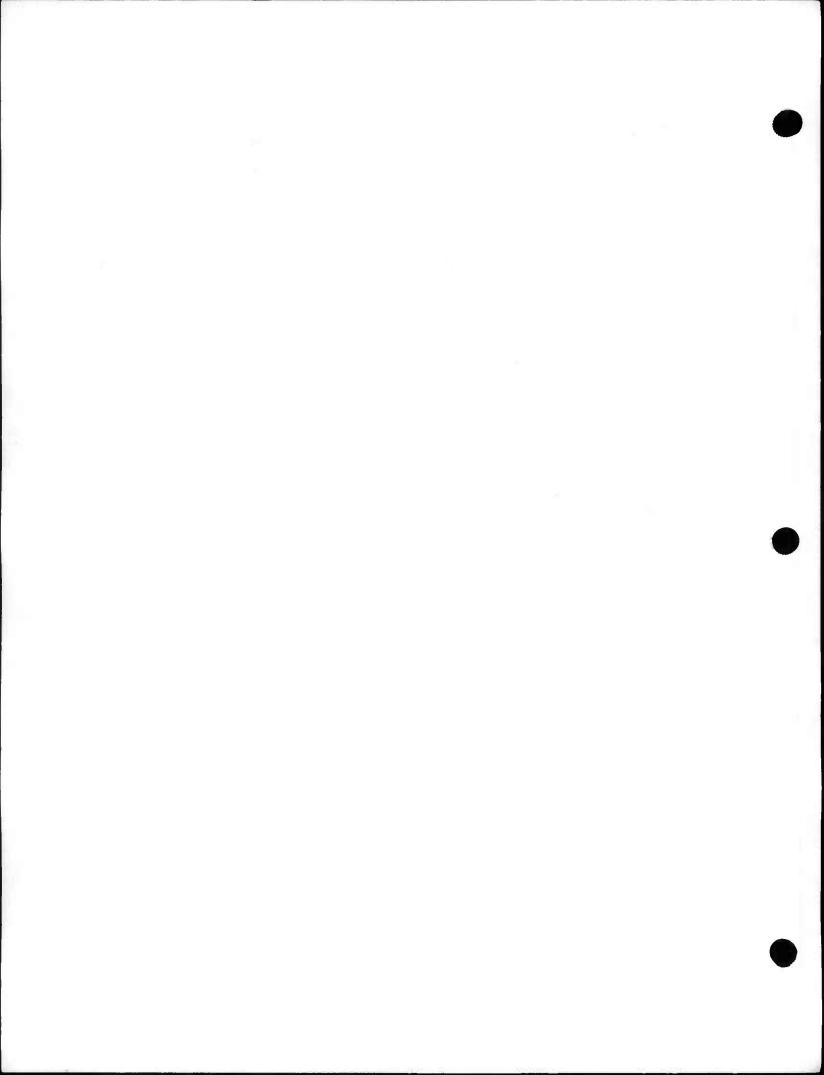
-	FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIEN REG. NO	
i. C	GUY	R.	MOORE	2. DATE OF DEATH MONTH D. JUNE 11	AY 5

ş	MONTH DAY YEAR									3. TIME OF DEATH				
Ì	GU	MOORE	RE					JÜNE 11, 1990			90	3:20pm™		
	4. SOCIAL SECURITY NUME	SOCIAL SECURITY NUMBER 5. SEX 6. AGE			st birthday)					7. DATE OF BIRTH 8. BIRT (Month, Day, Year) Cou.			8. BIRTI	IPLACE (State or Foreign
	156-54-714	147 15 M 2 - F 30 YRS. MONTHS DAYS H					HOURS	MIN.	March		960		"Connecticut	
	9a. FACILITY NAME (If not in					9b. CITY, 1	OWN (OR LOCATI	ON OF DE				NTY OF D	
5	AMI DOCTORS' HOSPITAL OF P.				CO.	O. LANHAM-SEABROOK PRINCE G						GEORGE'S C		
ן ו	RESIDENCE OF DEC	10b. COUNTY	Y		10c. CITY	r, TOWN OR	LOCA	TION						10d. INSIDE CITY
DIRECTOR	MD.	P.			100.011			lale						LIMITS?
	10a. STREET AND NUMBER			2 500 7	-	f. ZIP CODI	E		-	10a, CIT	IZEN OF	WHAT COUNTRY?		
2	6208 F	ernwoo	d Terr.					2	0737	,			U.S.	
LONEHAL	11. MARITAL STATUS 12. WAS DECEDENT EVER I							CENDENT C	OF HISPAN	IIC ORIGIN? (Sp				
	1 Naver Married 2			YES 2	NO			ecify Cuba 2 m NO		n, Puarto Rican,	atc.)		Spec	
10	3 Widowed 4 Divo		1979-1	98 8										White
COMPLEIED	15. OEC (Specify onl	EOENT'S EDU y highest grade	CATION completed)	(0	ECEDENT'S	vork done du			ng	18b. KINI	OF BUS	SINESS/IN	DUSTRY	
ן נ	Elementary/Secondary (t	0-12)	College (1-4 or 5	+)	Do NOT us	,				7.7	C	7/7		
E I	17. FATHER'S NAME (First, M	tistette (a a t)	OME.		Marat	gator		40 1107	MEDIO NA			Navy		
	Kennet		Moore					18. MOT	-	ME (First, Middle				-
מ	19a, INFORMANT'S NAME (1		Moore	15	b. MAILING	ADDRESS (Street :	and Number		thel Route Number, C		ldie		
2	Ethel S.		20											07701
	20a. METHOD OF DISPOSIT	ION	_	20b. PLACE	OF DISPOS					O-D IIC		BNK, N.J. 07701 DCATION — City or Town, State		
ŀ	1 ☐ Burial 2 💥 Crematic 4 ☐ Donation 5 ☐ Other	other p	nambe:	bers Crematory R					Ri	iverdale, MD.				
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	# 6,70		22. N	ME A	ND ADDRE	SS OF FA	CILITY W.	W.Ch	ambe	rs	Co. Inc.
	Thomas	25	- Chan	nters		100								MD. 20737
	23. PART i. Enter the d								_					Approximata
	ehock, or h		List only one ce	use on aach iin	е.	1	1	1	Λ	1000	Ji.			Interval Batween Onset and Daath
	disease or condition	→		Rosen	Ms	Alle	W	YNT	1	Mue	1W	VB.		
	resulting in death)	•	DUE TO	OF AS A CONS	QUENCE OF	2						1		
2			h	0139	MA	-	ρ					U		
2	Sequentially list conditions, if any, leading to immediate													
CERTIFICATION	CAUSE (Disease or injury C. OUE TO (OR AS A CONSEQUENCE OF):													
	that initiated events resulting in death) LAST													
	to the state of th													
	PART II. Other significa	ant condition	na contributing to	deeth but not	resulting	in the und	eriyin	ng ceus	given in	Part 1	WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	PERFORMEO? 1 YES 2 NO NO NO NO NO NO NO									COMPLETION OF CAUSE				
E I	1 YES 2 NO													
z														
5	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:													
PHISICIAN	1 🗆 YES 2 🗗 160		_	☐ ER/Outpatient	-	4 🗌 Nursi	ng Hor		aldenca	8 Other (Sp.				
2	27. MANNES OF DEATH	Panding	28s. DATE Of (Month, i	F INJURY Day, Year)	28b. TIM INJ	URY M	W	JURY AT	7.00	28d. DESCRIE	E HOW	INJURY O	CCURED	
2	2 Accident	Investigation	28a PLACE	OF INJURY — At h	ome form			YES 2 [_ NO	205 1 OCATIO	M /Street	and Numb	or or Pural	Route Number,
ב	3 Suicide	Could not be determined		, atc. (Specify)	ome, min,	screat, meto	у, Опп	VII		City or To			er or norar	ricole (varibel,
4	No. CHITWIN													
COMPLEIED	Can't find Phriscian. To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
3	2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(a) and menner as stated. 29b SILITATURE AND TITLE/OF CERTIFIER. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
4	296 SM ALOHE AND III	A L	14 1	1110	Chi	MY		29c. LIC	ENSE NUI	Vac			6 T	(Month, Day, Year)
2 │	30. NAME AND ADDRESS O	F PERSON WA	HO COMPLETEO CAL	JSE OF DEATH (IT)	EM 27) (Type	Print)		1 4	- 01	1-1			~ [1	4 00
	Lewi	-			_	Goodl	uck	c Rd	. L	anham.	MD	. 2	0706	
	31. OATE FILEO (Month, Day,			AR'S SIGNATURE									. ,	
	,IIIN 1	4 '90	Lie	ia Davidson	-Rand	000								

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W.E	as be	23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a state and the State Deat of Health and Mental Haripen prior to hind, committee of permission of permission of permission.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTME			MENTAL HYGIE		-18414		
	1. DECEDENT'S NAME (First, Middle, Leat) EVAN GELOS	JMOUT			2. DATE OF DEATH MONTH		3. TIME OF DEATH			
	100 00 111	8. AGE (In yrs.	YRS. MONTE		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Greece		
TOR	9a. FACILITY NAME (If not institution, give street a Suburban RESIDENCE OF DECEMENT	Hospital	9b. C		thesda		Montgomery			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	ntgomery	10c. CITY, TOW	ver Si				10d, INSIDE CITY LIMITS? 1- YES 2 NO		
	10820 Georgia Ave			10f.	20902	10g. CITIZE	N OF WHAT COUNTRY? USA			
BY FUN	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S, FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	ARMED 	If yes, spe-		IIC ORIGIN? (Specify Y n, Puerto Ricen, etc.) ::	es or No— 14	s or No- 14. RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED		oleted) ollege (1-4 or 5+)	DECEDENT'S USUA (Give kind of work of life. Do NOT use retire Mai-tr	L OCCUPATION One during mos	of working Vate	200311000-011	BUSINESS/INDUSTRY arg Athletics Assoc.,			
	1-12 17. FATHER'S NAME (First, Middle, Lest) John Mou	N/A tsos			18, MOTHER'S NA	ME (First, Middle, Maide an Zuppas	n Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Katherine Buas	Ý	196. MAILING ADDR 9713 Fore	est Gr	d Number or Rural F	Route Number, City or To Silver S	wn, State, Zip Co pring,	Md. 20910		
	20 METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		Gate of	Heave	n Cemete	ry Si	lver S	y or Town, State pring, Md.		
	21. SIGNATURE OF FUNERAL SERVICE COASSEE 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 N.H. Ave., S.S. Md. 20904									
	Approximate Interval Between Onset end Deeth ASPIRATION PNEUMONIA Security Indicators are a complication at that caused that deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Interval Between Onset end Deeth ASPIRATION PNEUMONIA Security Indicators are a complication at the caused that caused that deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Interval Between Onset end Deeth ASPIRATION PNEUMONIA Security Indicators are a cardiac or reapiratory arrest, Interval Between Onset end Deeth Onset end Deeth									
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST e. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO									
ICIAN		OSPITAL:		HER:	ACE OF DEATH (Ch			<u>J</u>		
BY PHYS	27. MANNER OF DEATH 1 KNeturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	26c. INJL WOI	IRY AT	8 Other (Specify) 28d. DESCRIBE HOV	/ INJURY OCCU	NJURY OCCURED		
	2 Accident Investigation 3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	(Orlock Orly)	: To the best of my knowledge n the basis of examination and						l. cause(a) and manner as stated.		
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER AND ADDRESS OF BERSON WHO CO	Drap.	TEN 27 (See 27)		D20415	5 _	► 6	SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kamalkingler Destipation y MDEIMPANDE, 6001 Lvz Lankockill M92085.									
	31. DATE FILED (MODIL DON, 1967) 90 32. REGISTRAR'S SIGNATURE July 25 90 July 25 90									



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
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NIS	-

arry 22 8. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 80 MONTHS DAYS HOURS 1 📉 M 2 🗌 F YRS. WASHINGTON, D.C 0 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Montgomery DIRECTOR SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE page 5 should be detached for use as the burial-transit 13411 GRENOBLE DRIVE 20853 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 X Married 1 TYES 2 X NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondery (0-12) College (1-4 or 5+) 8 CARPENTER LOCAL 1590 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at HARRY MILLS MARY MILLS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 EVELYN V. MILLS (WIFE) 13411 GRENOBLE DRIVE ROCKVILLE, MARYLAND 20853 be 20ac METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must director, GATE OF HEAVEN CEMETERY SILVER SPRING 4 ☐ Donetion 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 the medical 23. PART I. Enter the disesses, or complications that/caused tha daeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, filled in by shock, or haart failure. List only one cayse on each line. Interval Between 0 Onset end Daath IMMEDIATE CAUSE (Fine) the cremation. disease or condition 5 day completely or other traumatic event, resulting in death) certificate has been signed by the attending physician and com the State Dept, of Health and Mental Hygiene prior to burial, LUNE Cancer CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseesa or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST In uny PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Ceral tas shows any Segue 1 TES 2 NO 1 YES 2 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 A Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 | YES 2 | NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY with marked, this 1 A Netural 5 Pending м 1 YES 2 NO L OR ATTENDING PA L DIRECTOR: After th ? hours after death w B 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 回 8 Could not be determined 80 4 Homicide 28 Ē Item COMPL 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. THE HOSPITAL (
THE FUNERAL E MPORTANT: It 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND AFTLE OF CERTIFIER 29c. LICENSE NUMBER

DZ/340 29d. DATE SIGNED (Month, Day, Year) BE my 6-22-50 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Wreaton Md 20906 RAYNOND BASS 3941 Ferrara Dr. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Savidson-Rando De '90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

2. DATE OF DEATH

15

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

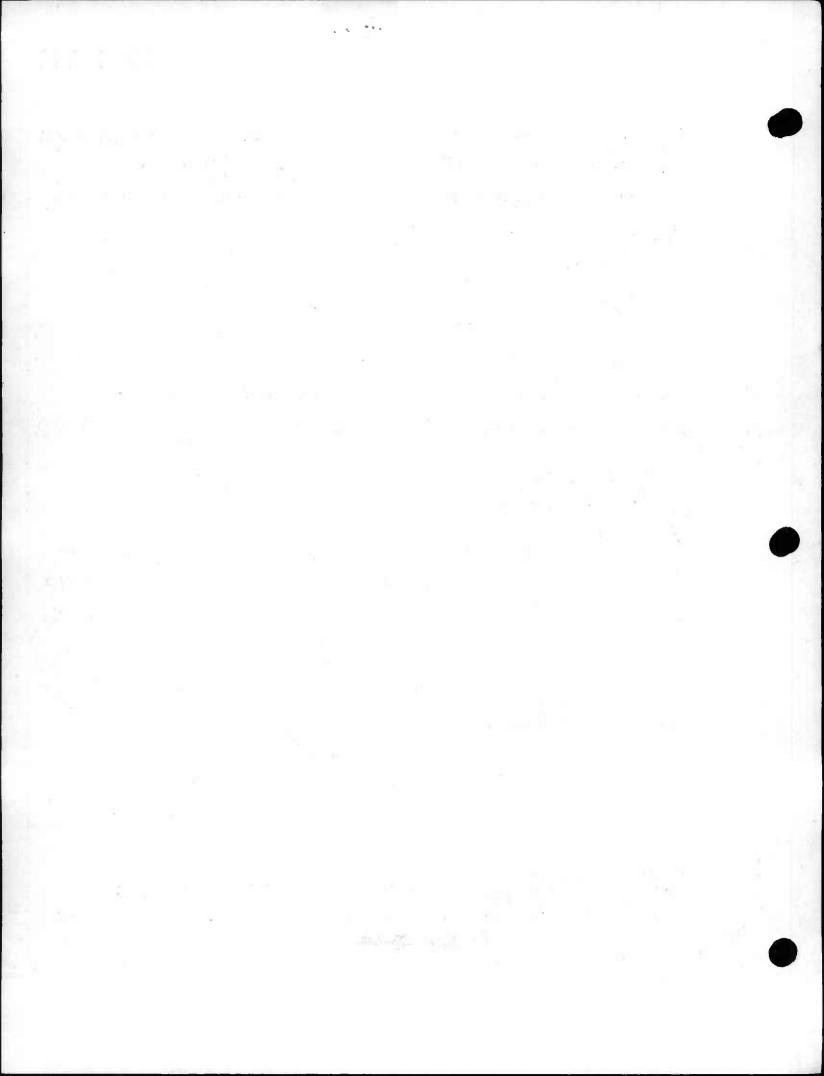
1 - FOR REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Li	· ·			2. DATE O	DAY	YEAR	3. TIME OF DEATH
Walter S. Mo				06	16	90	2:20p
4. SOCIAL SECURITY NUMBER 2217-36-4507 7 2	6. SEX 6. AGE		FUNDER 1 YEAR IF UNDER 24 HRS	(Month,	F BIRTH Day, Year) -06-03	Country)	yland
9a. FACILITY NAME (If not institution, gi	ve atreet and number)	9	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COL	INTY OF DE	ATH
Calvert Manor		me	Rising Sun,	Mary	land Ce	ecil	
10a. STATE 10b. COL		10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CITY LIMITS?
Maryland Ce	cil	Elk	ton, Maryla	nd			1 YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CIT	TIZEN OF WI	IAT COUNTRY?
265 Ed Moore	Rd		21921			JSA	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN?			- American Indian,
1 Never Married 2 Married	FORCES? 1 TYES	2 XNO	If yes, specify Cuban, Mex 1 ☐ YES 2 ☑ NO Spe	ican, Puarto Ri		Black,	White, atc.
3 Widowed 4 Divorced	ii 125, dive men on o	741 63	1 L 123 2 M NO She	cny.		эресну	White
15. DECEDENT'S	EDUCATION	16m. DECEDENT'S US		16b. I	KIND OF BUSINESS/IN	DUSTRY	
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done during most of working etired.)				
9		Farmer		म	arming		
17. FATHER'S NAME (First, Middle, Last)					iddle, Maiden Surname)		
Edward Moore			Emma	Caar	harauah		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DORESS (Street and Number or Rui		borough er Gity or Town, State, Z	ip Codel	
Craig Moore 20a. METHOD OF DISPOSITION JUI	20 1000 100		d Moore Rd.		20c. LOCATION -		- 01-1-
1 X Burtal 2 U Cremation 3 U F	lemoval from State I	other place)			10000000	4 4 5 5 5 5	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		cherry HII	1 Methodist Co				, Maryland
Dalph	E Hie	ke	2 NAME AND ADDRESS OF HICKS HOME Bow and Sto Elkton, MD	for Fu	nerals, P Streets	·.A.	
23. PART I. Enter the diseases,						rreat,	Approximata
	ire. Liet only one cause on e	eech lina.					Interval Between
IMMEDIATE CAUSE (Final disesse or condition	and	. 5. 0	-116				
resulting in desth)	S. DUF TO OR AS	A CONSEQUENCE OF:	90001	1.4			-
	100-1		1 coshalo	200			İ
Sequentially list conditions,	b. DUE TO IOR AS	A CONSEQUENCE OF):	(4)	A	X		<u> </u>
If any, laading to immediata cause. Enter UNDERLYING	Coac	11000	200	J	()		
CAUSE (Diseesa or Injury that initieted events	c	A CONSEQUENCE OF					+
resulting in death) LAST	MOX	100	()				
	4. 0.00		7				+
PART II. Other aignificant condi	tions contributing to death	but not reaulting in	the underlying cause given	in Part i.	24a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 YES 2 NO		COMPLETION OF CAUSE
							OF DEATH?
						1	1 123 2 100
25. WAS CASE REFERRED TO MEDICA			24 01 405 05 054711	(Cheek eet ee	-1		
EXAMINER?	HOSPITAL:		26. PLACE OF DEATH OTHER:	(Unack only one	"		
1 YES 2 NO	1 inpatient 2 in ER/Out		☐ Nursing Home 5 ☐ Residen				
27. MANNER OF DEATH 1 Natural 8 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	Y WORK?	28d, DEŞ	CRIBE HOW INJURY O	CCURED	
2 Accident investigat			M 1 YES 2 NO		·		
3 Suicide 6 Could not	building, etc. (Spe	IY — At home, farm, atnesity)	est, factory, office	28f. LOCA City o	TION (Street and Numb or Town, State)	er or Rural R	oute Number,
4 Homicide determine							
29a. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of my know	wiedge, death occurred	at the time, data and place, and	due to the cau	se(s) and menner as st	tated.	
one)	MINER: On the basis of examination						and manner as stated.
296. SIGNATURE AND TITLE OF CERT							25 23 2 12 18
LESS SIGNATURE AND TITLE OF CERT	(2)	0 11	29c. LICENSE	NUMBER -	29d, D/	SIGNED	(Month, Day, Year)
1000	2/2 / //	1, My)· 125°	105	-	6/18	170
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	ite Co	ENC.	ton M	Di	ZAZI
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE widson-Rando	00.		7		

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	emoval.	and the second s
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	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	-6 Ab-
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR STATE CERTIFICATE	OF HEALTH AND M	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
ALBERT ARTHUR MOTT		JUNE 2 1	990 1145/AM
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER		7. DATE OF BIRTH (Month, Pay, Year)	6. BIRTHPLACE (State or Foreign Country)
018-07-7001 1 M 2 D F 7 1 YRS. MONTHS	DAYS HOURS MIN.	11 7 18	MASS.
	TOWN OR LOCATION OF DEA		UNTY OF DEATH
5613 HARPERS FARM ROAD CO	LUMBIA,	mo 1	towARD
RESIDENCE OF DECEDENT 10e. \$TATE	R LOCATION		10d. INSIDE-ETTY
MASS	BEDFOR	D	LIMITS?
10e. STREET AND NISMBER	101. ZIP CONF		ITIZEN OF WHAT COUNTRY?
1757 Acustnet		377	USA
11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13.	MAS DECENDENT OF HISPANIC I yes, specify Cuban, Maxican,	C ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.
IF YES, GIVE WAR OR DATES	YES 2 1 10 Specify:	, Puarto Mican, atc.)	Specify:
15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OF	COLEATION	16b. KIND OF BUSINESS/II	WHITE
(Specify only highest grade completed) (Give kind of work done of the Do NOT use retired)	during most of working		
Elamentary/Secondary (0-12) Collega (1-4 or 5+) UN CCR+A(N NONE FISHERN	NAN	FISHING	÷
17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NAM	E (First, Middle, Malden Surname))
HENRY THEODORE MOTT	LYDIA	MAY -	
		oute Number, City or Town, State, 2	
	RPERS FAR	MRD, COI	WMBIA MO
20s. METHOD OF DISPOSITION 1	me of cemetery, crematory or	20c. LOCATION -	— City or Town, Stata
21. BIGNATURE OF FUNERIAL SERVICE LICENSES 22.	NAME AND ADDRESS OF FAC	ILITY	
Cohweller Slunk MOUSSS			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter shock, or heart fature. List only one cause on sech line.	tha moda of dying, auch	as cardiac or reapiratory	arreat, Approximate interval Batween
	1	71.	Ongot and Dooth
disease or condition a. MYOCARDIAL To Due to (or as a consequence of):	JFARCTI	ON/ASC	VD -
			7740
Sequentially list conditions, Due to (on as a consequence op:			7-10
If any, leading to immediate cause. Enter UNDERLYING			į
CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF):			
resulting in death) LAST			
PART II. Other aignificant conditions contributing to death but not reaulting in the un	ideriving cause given in F	Part I, 24a. WAS AN AUTOPS	2 4b. WERE AUTOPSY FINDINGS
phlibitis, ulcers, congestive hear	2 / 4	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
Myocardral infarctions ×2, ciscu	The silver	1 TYES 2 NO	OF DEATH?
	ene asse	-	1 TYES 2 MO
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Chec	ok only one)	
EXAMINER? 1 VES 2 NO NO PITAL: OTHER 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nur			
27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY C	OCCURED
1 Netural 5 Pending (Month, Day, Year) INJURY Accident Investigation	WORK?	*	
2 Accident Investigation 3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, fact building, etc. (Specify)	ory, office	26t. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,
4 Homicide determined		City or lown, state)	
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the t	tme, date and place, and due t	to the cause(a) and menner as a	stated.
2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my of	pinion, death occured at the t	ime, date and place, and due to	the cause(a) and menner as stated.
2004 SIGNATURE AND TITLE OF CERTIFIER ASST DE	Puly 29c. LICENSE NUM	BER 29d. D	ATE SIGNED (Month, Day, Year)
latinge A longe, M MEDICA		73	0290
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) & DR, PATRYCE A. TOYE, ASCS HEM LOCK	CONEWAY,	SUICOTT CITE	1 MD 21043
31. DATE FILED (Month, Day, Year) 32. REGISTRAL SHONATURE			
JUN 1 2 '90 gine Daydson portocal			



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

REGISTRAR					-11111	IVAI		DEA			HEG. NO.			
1. DECEOENT'S NAME (First, Middle, Last) Lillian V. Nadelhoffer										MONTH				3. TIME OF DEATH
										June		<u> 1990</u>		7:45 PM M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. las	t birthday)	MONTHS	R 1 YEAR	HOURS	R 24 HRS.	7. DATE OF (Month, D	BIRTH Jay, Year)		a. BIRTH Countr	IPLACE (State or Foreign ry)
361-01-5151	361-01-5151 1 □ M 2 🕮 98 YRS.									May 2	0,189	92	Illi	inois
9a. FACILITY NAME (If not institution, give street and number)						9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
Randolph Hi	lls Nu	irsing Ho	me				Wheaton Montgomer					merv		
RESIDENCE OF DEC														
10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE CITY LIMITS?
Maryland		Montgome	erv			R	ockv	ille						1 X YES 2 NO
10e. STREET AND NUMBER			-#-				1	of, ZIP COD	Œ			10g. CIT	IZEN OF W	VHAT COUNTRY?
713 Wilson	Avenu	е							2085	0		Uni	ted S	States
11. MARITAL STATUS		12. WAS DECEDER	T EVER I	N U.S. AR	IMED	13				NIC ORIGIN? (The second second		E — American Indian, k, While, alc.
1 Never Married 2	Married	FORCES?	MAR OR D	ATES	NO	- 1		specify Cub		en, Puerto Ric	an, atc.)		Speci	
3 XXVIdowed 4 Divo	roed					- 1		o I Que	Opeun	y .				nite
15. OEC	EOENT'S EDU	CATION			CEDENT'S					16b. K	IND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0	/ highest grade	College (1-4 or 5	+1	life	Do NOT u	work done se retired.))	nost of work	ing					
10		_	.,	HOI	mema]	ker					Own	Home	2	
17. FATHER'S NAME (First, Mi	iddle, Last)			110.	in Cana			18. MO	THER'S NA	ME (First, Mid			-	
Christi	an Tol	hneon							Ero	da wan	con			
19a. INFORMANT'S NAME (7)		mison		10	h MAILING	ADDRES	eg /Stmol	and Numb		da Har Route Number,		n State 7	o Codel	
		-												
Mrs. Jacque		. Fusco	ĭ			_			-	<u>ckvill</u>				
20a. METHOD OF DISPOSITI	ЮN on 3 ☐ Rem	noval from Stata		other pi	lace)			emetery, cre					City or To	
4 Donallon 5 Other			_ I	Park.	lawn			al Pa						Maryland
21. NUNATURE OF FUNERAL	L SERVICE LI	CENSEE				22	, NAME	AND ADDR	ESS OF FA	I/C	bert	A. 1	Pumph	rey Funeral
Muchel	14.	an/11/	7	M	00348	,	00 1	7 Mo	n+~~	Ho	me/R	ockv:	ille,	Inc.
23. PART I, Entar the di		SIGNE	_											le, MD.20850
		List only one ca				not ente	21 [116 17	ioda oi d	ymy, suc	aa carula	c or respi	ratory at	rest,	Approximata interval Between
IMMEDIATE CAUSE (Fin	nai													Onset and Death
disease or condition resulting in death)	→	a	ardi			rest im me					ım med			
					QUENCE C	IF):								
		ь. a:	rter	ios	cle	rot	ic 1	hear	t d:	iseas	e			15 yrs
Sequantially list conditi if any, laading to immed		DUE TO	(OR AS	A CONSE	QUENCE C	OFI:								25 yrs
cause. Entar UNDERLYi CAUSE (Disease or inju		g g	ener	alı	zed	ed arteri osclerosis							23 yrs	
that initiated eventa	ly	DUE TO	(OR AS	A CONSE	QUENCE C	F):						-		
resulting in death) LAS	T	4												
PART ii. Other significa	nt condition	na contributing to	daath i	but not	resulting	in tha u	ınderiyi	ing cause	given in	Part I. 2	4a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
											☐ YES 2	NO ⊠		COMPLETION OF CAUSE OF DEATH?
														1 YES 2 NO
										_				
25. WAS CASE REFERRED TO	O MEDICAL	1					28.	PLACE OF	DEATH (C	hack only one)				
EXAMINER?		HOSPITAL:	T EDWO.			отн	ER:				20034			
27. MANNER OF DEATH		1 Inpetient 2		partient 3	28b. TI		T	NJURY AT	tesidence	8 Other (RIBE HOW I	N IIIIN O	VIIDED	
	Pending	(Month,	Day, Year)			JURY	V	VORK?		200. DESCI	NIDE NOW	MJONT OC	CORED	
	Investigation							YES 2	□ NO					
	Could not be	28s. PLACE building	of INJUR , etc. (Spe		ome, ferm,	atreet, fa	ictory, off	fice			ION (Street Town, State)		or Rural I	Route Number,
4 Homicide	determined													
29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	f my knov	vledge, d	eath occur	red at the	Ilme, da	ite and plac	e, and du	e to the cause	(a) and ma	nner as st	sted.	
0001	ICAL EXAMIN	ER: On the basis of	examination	on and/or	Investigati	on, in my	opinion,	, death occ	ured at the	time, data a	nd placa, ar	nd due lo l	he cause(s	a) and manner as stated.
29b. SIGNATUME AND TITLE	OF RESTREE								CENSE NU					44 - H - D - H - I
290. SIGNING AND THE	177	. 11 .						296, LI	PENSE NO	MDEN				(Month, Day, Year)
	uv	1 yu						D	315	6		700	ine I	3, 1990
30. NAME AND ADDRESS OF														
John M. Wy					lk Av	renue	e B	ethes	sda,	Maryl	and	2081	.4	
31. DATE FILED (Month, Day,		REGISTR	AR'S SIGI	NATURE	III CT									
JUN 1 4 'S	30	Filia Da	Magan	Mar	dell									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUN 1 4 '90

Kaplan,

OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Assistant

who Davidson Randell

M.D.

12	file	ion,	he
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
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1 - STATE REGISTRAR		STATE OF N		CERTIF		OF			REG. NO).				
1, DECEDENT'S NAME (Fi	rst, Middle, Last)							2. OAT	E OF DEATH	DAY	YEAR	3. TIME O		
Vincent	Mich	nael N	owlan					6	9		90	3:11	_ P	M
4. SOCIAL SECURITY NU	0-1-1	5. SEX		. last birthday)	IF UNDER	1 YEAR DAYS	HOURS MIN.	(Mo	th, Day, Year)		Coun		te or Forei	gn
516-78-13	,00	1 🔀 M 2 🗆 F	20	YRS.					. 18,1	_		NTANA		
9e. FACILITY NAME (If not		,			9b. CITY,	, TOWN O	R LOCATION OF				JNTY OF (
Suburban					Beth	<u>esda</u>		Mont	gome	ery				
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSID		
NEVADA	WAS	HOE			RENC)						1 X YES		0
10e. STREET AND NUMBE	R					101	ZIP CODE			10g. CI1	TIZEN OF	WHAT COUN	TRY?	
17742	COLDSPR	ING DR.					89503				U.S	.A.		
11. MARITAL STATUS	-0.00000	12. WAS OECEDEN FORCES? 1	T EVER IN U.S	ARMED			ENDENT OF HISI scify Cuban, Mex			e or No-	14. RAC Blac	E - America	n Indien,	
1 Never Married 2 [_	IF YES, GIVE Y	WAR OR DATES				2 NO Spe		, , , , , , , , ,		Spe			
	ECEDENT'S EDUC			. DECEOENT'S	LIBITAL OF	COLIBATIO	MAI	Ta	b. KIND OF B	ICINECC //N	DUCTOV	WHI	ľE	
(Specify of	only highest grade o	completed)		(Give kind of v	work done one retired.)	during mo	st of working	"	NAME OF B	JUNE 33/IN	DUSTRI			
Elementery/Secondery	(0-12)	College (1-4 or 5		Hospit					11.	S. N	AVY			
17. FATHER'S NAME (First,	, Middle, Last)			F		FF	18. MOTHER'S	NAME (First			0 A V .L.			
BENJA	MIN R	ICHARD	NOWI	AN			= 1 () = ()	MARY	PAN	ŒLA	FR	EEBOU	RN	
19e. INFORMANT'S NAME					ADDRESS	S (Street a	nd Number or Rui							
PAMELA	ECKE	RDT		SA	AME	AS	TTEM	#10						
20a. METHOD OF DISPOS 1 □ Burlel 2 ▼ Creme	BITION	und doors Chat-	20b. PL/	ACE OF DISPOS or place)	SITION (Na	me of cen	netery, crematory	r	20c. L	OCATION -	- City or 1	Town, State		
4 Donation 5 Ott		vai from State	1	CITAR	707770									
21. SIGNATURE OF FUNE				CHAM	BERS		EMATORY			RIVEF	RDALI	s, MD.		
1/1/1	HAL SERVICE LICE	nberes	a	M00091	22.	NAME AN	EMATORY D ADDRESS OF CHAMB	FACILITY						37
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition	diseases, or co heert failure. L	omplications the	use on each	MOOO9] e death. Do r	22.	NAME AN	D ADDRESS OF CHAMB	FACILITY ERS (.,	RIVE	RDAL	E, MD		e ween
23. PART I. Enter the shock, or iMMEDIATE CAUSE (diseases, or continued to the continued	omplications the list only one could not be completed by the list only one could not be completed by the could not be complete	ic inj	MOOO9] e death. Do r	22. What enter	NAME AN	D ADDRESS OF CHAMB	FACILITY ERS (.,	RIVE	RDAL	E, MD	. 207	e ween
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list conif any, leading to immoduse. Enter UNDERICAUSE (Disease or list that initiated events	diseases, or cr. heert failure. L	omplications the last only one control one to oue to oue to	iC inj (OR AS A COI	MOOO93 e death. Do r line. uries nsequence o	22. We not enter	NAME AP	D ADDRESS OF CHAMB	FACILITY ERS (rdiec or res	RIVE	RDAL	E, MD Applinte One	. 207 proximaterval Betret and I	e ween Desth
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list conif any, leading to immoduse. Enter UNDERICAUSE (Disease or lithat initiated events resulting in death) L.	diseases, or cr. heert failure. L	omplications the last only one control one to oue to oue to	iC inj (OR AS A COI	MOOO93 e death. Do r line. uries nsequence o	22. We not enter	NAME AP	D ADDRESS OF CHAMB	FACILITY ERS (rdiec or res	RIVE piratory a	RDAL	E, MD App inte One	. 207 proximaterval Better and I	e ween Desth
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list conif any, leading to immease. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L. PART II. Other signif	diseases, or continue. Life in the continue of the conditions of t	omplications the list only one center of the list only one center of the list only one center of the list only one to oue	iC inj (OR AS A COI	MOOO93 e death. Do r line. uries nsequence o	22. Whose enter	NAME AND J. W. the mo	D ADDRESS OF CHAMB	FACILITY ERS (24a. WAS A PERFI	RIVE piratory a	RDAL	E, MD Appinte One Interpretation Appinte Appin	. 207 proximaterval Better and I	e ween Desth
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentisily list conif any, leading to improve the cause. Enter UNDER! CAUSE (Disease or list initiated events resulting in death) L. PART II. Other signif	diseases, or continue. Life in the continue of the conditions of t	omplications the last only one control one to oue to oue to	iC inj (OR AS A COI (OR AS A COI) (OR AS A COI) (OR AS A COI	MOOO93 e death. Do not line. Uries NSEQUENCE OF NSEQUENC	22. Whenot enter	NAME AP V. W. the mo	D ADDRESS OF CHAMB de of dying, a	in Part i.	24a. WAS A PERFIT YES	RIVE piratory a	RDAL	E, MD Appinte One Interpretation Appinte Appin	. 207 proximaterval Better and I	e ween Desth
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentisily list condition if any, leading to implicate. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L. PART II. Other signification in the significant in the signif	diseases, or contribute. Life in the conditions, mediate LYING injury AST	omplications the list only one central one to oue t	ic inj (OR AS A COI)	MOOO9] e death. Do n line. Uries NSEQUENCE O NSEQUENCE O NOT resulting	22. Whose enter F): F): In the ur OTHE: 4 Nur ME OF JURY	NAME AN V. W., the mo anderlying 26. Pi	de of dying, a	in Part i.	24a. WAS / PERF-1X YES	RIVE piratory a NAUTOPS' DRMED? 2 \(\text{NO} \) NO	RDAL Freet,	E, MD Applinte One Inte One Inte One Inte One Inte One Inte Inte Inte Inte Inte Inte Inte In	. 207 proximaterval Betret and I	e ween Desth
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentisily list conditions, leading to immercause. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L. PART II. Other significations of the condi	diseases, or continue. Life in the continue of the conditions of t	omplications the list only one certain one certain one to oue to	ic inj (OR AS A COI)	MOOO93 e death. Do not line. uries NSEOUENCE OF NSEOUENC	22. Whose enter F): F): OTHE: 4 Nur AEC OF JURY A	nderlying 26. PI R: rsing Hom 28. INJ	g cause given LACE OF DEATH TO S Residen TURKY AT THE S 2 NO	in Part i.	24a. WAS / PERF 1 YES	RIVE piratory a NAUTOPS' DRMED? 2 \(\text{NO} \) NO	RDAL Freet,	E, MD Applinte One Inte One Inte One Inte One Inte One Inte Inte Inte Inte Inte Inte Inte In	. 207 proximaterval Betret and I	e ween Desth
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list conif any, leading to immediate. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L. PART II. Other significations of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of th	diseases, or contribute. Life in the conditions of the conditions	OMPICETIONS TO OUE TO O	ic inj (OR AS A COI)	MOOO9] e death. Do n line. Uries NSEQUENCE O NSEQUENCE O NOT resulting	22. Whose enter F): F): OTHE: 4 Nur AEC OF JURY A	nderlying 26. PI R: rsing Hom 28. INJ	g cause given LACE OF DEATH TO S Residen TURKY AT THE S 2 NO	in Part i.	24a. WAS / PERF- 1X YES one) her (Specify) ESCRIBE HOV Or C Y C 1 one) or or own, Ste	RIVE piratory a NAUTOPS: DRMED? 2 NO / INJURY O ist end Numbre tel ()	CCURED Structure or Rura	E, MD Appinte One Interpretation Appinte Appin	opsy finition of the control of the	bje
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentisily list condition resulting in deeth) Sequentisily list condition resulting in deeth) Cause. Enter UNDER: CAUSE (Disease or list that initiated events resulting in death) L. PART II. Other signification in the significant in the significan	diseases, or contribute. Lifth and the conditions, mediate Lying and the conditions of the conditions	OMPICETIONS TO OUE TO O	ic inj (OR AS A COI)	MOOO93 e death. Do not line. uries NSEOUENCE OF NSEOUENC	22. Whose enter F): F): OTHE: 4 Nur AEC OF JURY A	nderlying 26. PI R: rsing Hom 28. INJ	g cause given LACE OF DEATH TO S Residen TURKY AT THE S 2 NO	in Part i.	24a. WAS / PERF-1X YES one) her (Specify) ESCRIBE HOV Or C.Y.C.1	RIVE piratory a NAUTOPS: DRMED? 2 NO / INJURY O ist end Numbre tel ()	CCURED Structure or Rura	E, MD Appinte One Interpretation Appinte Appin	opsy finition of the control of the	bje
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentisily list condition if any, leading to immediate. Enter UNDER CAUSE (Disease or list that initiated events resulting in death) L. PART II. Other signification in the condition of the condition in the condition of	diseases, or contribute. Life in the conditions of the conditions	omplications the list only one cet of the list only one cet of the list only one cet of the list only one cet of the list only one cet of the list only one cet of the list one cet of the list one cet one ce	JSE ON EACH IC INJ (OR AS A COI (OR AS A	MOOO9] e death. Do r line. Uries NSEOUENCE O NSEOUENCE O NSEOUENCE O NSEOUENCE O 100 resulting 28b. Till 15:42 At home, farm, oad	22. Whose enter F): F): In the ur OTHEL 4 Nur AE OF A M street, fac	nderlying 26. Pt R: rsing Hore 28c. IND time, date	g cause given ACE OF DEATH TO STORY AT THE STORY AT TH	in Part i. Check only to 6 0 0 28d. E Mot 28f. L Sua to the	24a. WAS / PERF- 1X YES one) her (Specify) ESCRIBE HOV ORCYC1 CATION (Streety or Town, St	RIVE piratory a NAUTOPS' DRMED? 2 \subseteq No ist sold Numbbe) ge&J(benner as at	RDAL rrest, 24 ccure or Aura on es l	E, MD Appinte One Interpretation Analysis Completin Of Death I Route Numb MillRo	opsy finition of call of the c	ween Desth
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list conif any, leading to immediate. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L. PART II. Other signif 25. WAS CASE REFERRET EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Checkfornly one) 2 M M	diseases, or contribute. Life in the conditions of the conditions	omplications the list only one cet of the list only one cet of the list only one cet of the list only one cet of the list only one cet of the list only one cet of the list only one cet of the list on the list of the list o	JSE ON EACH IC INJ (OR AS A COI (OR AS A	MOOO9] e death. Do r line. Uries NSEOUENCE O NSEOUENCE O NSEOUENCE O NSEOUENCE O 100 resulting 28b. Till 15:42 At home, farm, oad	22. Whose enter F): F): In the ur OTHEL 4 Nur AE OF A M street, fac	nderlying 26. Pt R: rsing Hore 28c. IND time, date	g cause given ACE OF DEATH TO STORY AT THE STORY AT TH	in Part i. Check only 28d. E Mot 28f. L Jon Sua to the time, d	24a. WAS / PERF- 1X YES one) her (Specify) ESCRIBE HOV ORCYC1 CATION (Streety or Town, St	RIVE plratory a NAUTOPS' PRIMED? 2 NO NIJURY O St end Numble 2 Re&J (Penner as st end due to	CCURED STructure or Aura Ones atted.	E, MD Appinte One Interpretation Analysis Completin Of Death I Route Numb MillRo	opsy finition on of call	ween Desth

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Balto.MD

111 Penn St.

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	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.		
ŀ	1. DECEDENT'S NAME (First, Middle, Last)	. /	/	2. DATE OF DEATH MONTH DA	V NEAD	3. TIME OF DEATH
Ī	LESLIE C.	\mathcal{N}	ORMAN	06 16		2130P m
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign
	420-27-1484 IXM20F	78 YRS. M	DAYS HOURS MIN.	(Month, Day, Year)	OKI	AHOMA
	9a, FACILITY NAME (If not institution, give street and number)	/ 5	b. CITY, TOWN OR LOCATION OF DI		9c. COUNTY OF D	
r	ANNE ARUNDEL MEDICAL CENTER		ANNAPOLIS			RUNDEL
DIRECTOR	RESIDENCE OF DECEDENT		TIMMIT OBLO		111111111111111111111111111111111111111	
ᆲ┃	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
Ĭ	MARYLAND ANNE ARUNDEL	ANNAP	או דכ			LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	DIMIAL	101, ZIP CODE		10g. CITIZEN OF	
?	100 WELDY DOLD ADE 31/				U.S.A.	
FUNERAL	130 HEARN ROAD APT 714	VED IN HE ADMED	21401 13. WAS DECENDENT OF HISPA	UC ORIGINA (Caralla Var		E American Indian
2	1 Never Married 2 X Married FORCES? 1	YES 2 NO	If yes, specify Cuben, Mexico	in, Puerto Ricen, etc.)		E — Americen Indien, ik, White, atc.
2	3 Widowed 4 Divorced IF YES, GIVE WAR	OR DATES	1 TYES 2 NO Specif	y:	Spec	
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	I CONTRATION	16b. KIND OF BUS	INESS/INDLISTRY	BLACK
-	(Specify only highest grade completed)	(Give kind of wor	k done during most of working etired.)	TOOL KIND OF BOO	MILOO/MILOOO IIII	
3	Elementary/Secondery (0-12) College (1-4 or 5+)		TE FINISHER			
Ē					- 221111	
COMPLEIED	17. FATHER'S NAME (First, Middle, Last) JOSEPH NORMAN			ME (First, Middle, Meiden RNETT	ourname)	
ᇤ						
5	19e. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Rural			
-	CHRISTINE NORMAN	130 HEA	RN RD. APT. 714			
	20e. METHOD OF DISPOSITION 1 □XBurlel 2 □ Cremation 3 □ Removal from State	other place)	ION (Name of cemetery, crematory or		CATION — City or T	
	4 Donation 5 Other (Specify)	HILL CREST	CEMETERY	ANN	APOLIS,	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY 821 WES	T ST. AN	NAPOLIS, MD.
	M A		I .			
	marry b. see		WILLIAM REESE			
- 1	23. PART I. Enter the diseasea, or complications that contains abock, or heart failure. List only one cause		antai tha moda oi dying, sut	an as cardiac or reapi	latory street,	Approximata Intarval Batween
	IMMEDIATE CAUSE (Final					Onset and Death
	disease or condition a.	ses				2-We
		AS A CONSEQUENCE OF	1	1 - 1	1.	-
2	Cane	er d Ht	u lesopho a	astrer 14	enebry	5 MO
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUENCE OF	0 -09	- 0	, ,	4 /
5	CAUSE (Nesses or John)	ictan fac	fure 6 to	derib	3 obstan	est mo
≣	CAUSE (Disease or injury that initiated events	AS A CONSPOUENCE OF:		22	61	
=	reaulting in death) LAST	Nau	Erynx Wil	herra	di Obra	n .
	DART II ONLY II III	/		5-a. I	man I	
4	PART II. Other algnificant conditions contributing to da	ath but not resulting in	the underlying cause given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
DICAL	Speseitung Ca	nu of eso	phosporus.	ener (ST YES 2	□ NO	COMPLETION OF CAUSE OF OEATH?
	altered level os	Cerrol	carlonesa	/	1	1 YES 2 NO
PHYSICIAN: ME	/)	7			1	
K	25. WAS CASE REFERRED TO MIDICAL		26. PLACE OF OEATH (C	heck only one)		
2	EXAMINER? 1 YES 2 NO 1 Inputient 2 E		OTHER:	8 Other (Specify)		
	27. MANNER OF DEATH 280. DATE OF IN.	JURY 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
_	1 Natural 5 Pending (Month, Day,	Year) INJUI	M 1 YES 2 NO			1
E R	3 Suicide 28e. PLACE OF II	NJURY — Al home, farm, str	eet, factory, office	28f. LOCATION (Street		Route Number,
IED	3 Suicide 8 Could not be building, etc	:. (Specify)	The second second	City or Town, State)		
	29e. CERTIFIER					
COMPLE	(Check only CERTIFTING PHYSICIAN: 10 the best of my					
5	2 MEDICAL EXAMINER: On the baels of exam	nination and/or investigation.	In my opinion, death occured at the	e ilme, date and place, ar	d due lo lhe cause	(e) and menner as stated.
- 1	301 SIGNATURE AND TITLE OF DESTRIPER		29c. LICENSE NU	MBER	29d. DATE SIGNE	(Month Day, Year)
185	young Mi Kich and Con.	MP DI	7255		16/1	2/90
2	50 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, F		1		1
	GARINI, Rich ARGON. MD/	DY FOR bes 5	Reet ANOVA	90/15,Md	21401	/
V	PARTE EN ED (Month, Day, Year) 32. REGISTRAR'S		- / - / - / - / / /	-1.21		
7	1990 Julia Varidana Banda	02				
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AND THE RESERVE OF THE PERSON NAMED IN COLUMN 1997 AND THE PERSON NAMED IN COLUMN 1997 AND THE PERSON NAMED IN

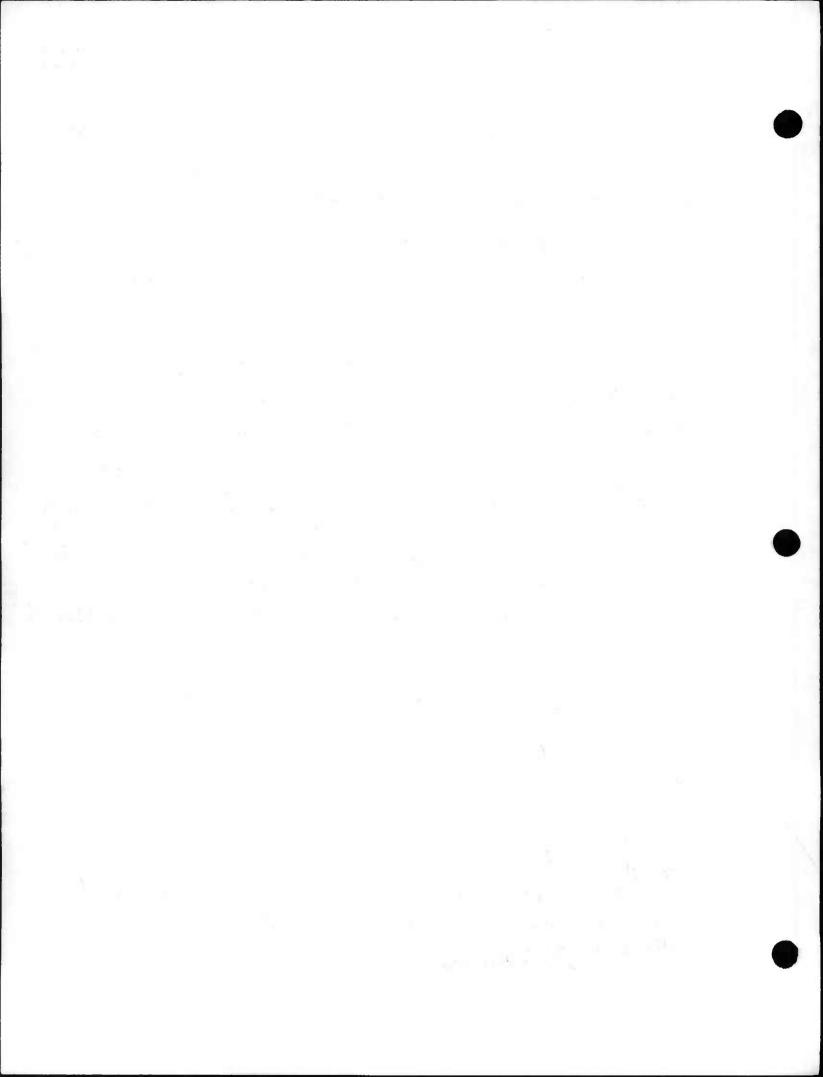
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY			OF DEAT		MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) WALTER L.	NUCKOLS					2. DATE OF DEATH	Y	90	3. TIME OF DEATH 0925a M
4. SOCIAL SECURITY NUMBER 212-09-4616		E (In yrs. lest birthdey) RS. YRS.	IF UNDER 1 Y	YEAR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	
9a. FACILITY NAME (If not institution, give a			9b. CITY, TO	OWN OR LOCATI	ON OF DE			Mary of Di	vland EATH
North Arundel Ho	spital		Glen	Burnie			Anne	e Aru	undel
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	7	10c. CIT	Y, TOWN OR	LOCATION				Т	10d. INSIDE CITY LIMITS?
	Arunde1	G1	en Bur						1 - YES 21 NO
100. STREET AND NUMBER 173 Martin Rd.				2106				S.A.	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WA	S DECENDENT	OF HISPAN	HC ORIGIN? (Specity Yee		14. RACE	— American tndlen,
1 Never Merried 2 X Merried 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR			YES 2XXNO		n, Puerlo Rican, etc.)		Specif	fy:
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCC	UPATION	70	16b. KIND OF BUS	INESS/IND		White
Elementery/Secondary (0-12)	College (1-4 or 5+)	20		ing most of world	ng	Dame		C .	
17. FATHER'S NAME (First, Middle, Last)	4	Credit	Manage	_	HER'S NA	Departr	_	Stor	^e
Dr. Cyremies L.	Nuckols			1.0111111111111111111111111111111111111		P. Walter	,		
190. INFORMANT'S NAME (Type/Print) Esther Nuckols						Poute Number, City or Town			
200. METHOD OF DISPOSITION	1	0b. PLACE OF DISPO				Burnie, Mar	CY lar		
1 Buriet 2XXCremation 3 Rem 4 Donation 5 Other (Specify)		Metro Cr							Lto. MD
21. SIGNATURE OF FUNERAL SERVICE LI	CEWSEE		22. NA	ME AND ADDRE					,
23. PART I. Enter the diseases, or	N		421	Crain	Hwy	S.F. Gle	n Ru	ırnie	MD 21061
23. PART I. Enter the diseasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cause on	te Pulv	mot enter th	Olde	MQ	h as cardiac or respir	ratory arr	est,	Approximate Interval Between Onset and Peath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	- Livenan	A CONSEQUENCE C	Md	Systa Systa	st.	AY			yean
PART II. Other significant condition	contributing to death	but not reaulting	In the und			PERFOR	MED?	24b	. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	utpetlent 3 □ DOA	OTHER:	26. PLACE OF I		6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	Y 26b. TI		8c. INJURY AT WORK?	- The state of the	28d. DESCRIBE HOW IP	NJURY OC	CURED	
1 Natural 5 Pending Investigation			М	1 YES 2	_ NO				
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	IRY — At home, farm, pec/fy)	street, factor	у, отнев		28f. LOCATION (Street e City or Town, State)	ind Number	r of Hurei i	House Number,
one)	ICIAN: To the best of my kn								a) end menner en stated.
295. SECONOMISE AND TITLE OF CENTURE	ti Mich	lux mix		29c. LtC	ENSE NUI	WBER	29d. DAT	E SIGNED	(Month, Day Year)
30. NAME AND ADDRESS OF PERSON WI							- 0		9 70
	ERLIHY 3		PITAL	DRIV	E,GL	EN BURNI	E. M	ID 2	1061
	cha Davida								



TO BE COMPLETED BY FUNERAL DIRECTOR

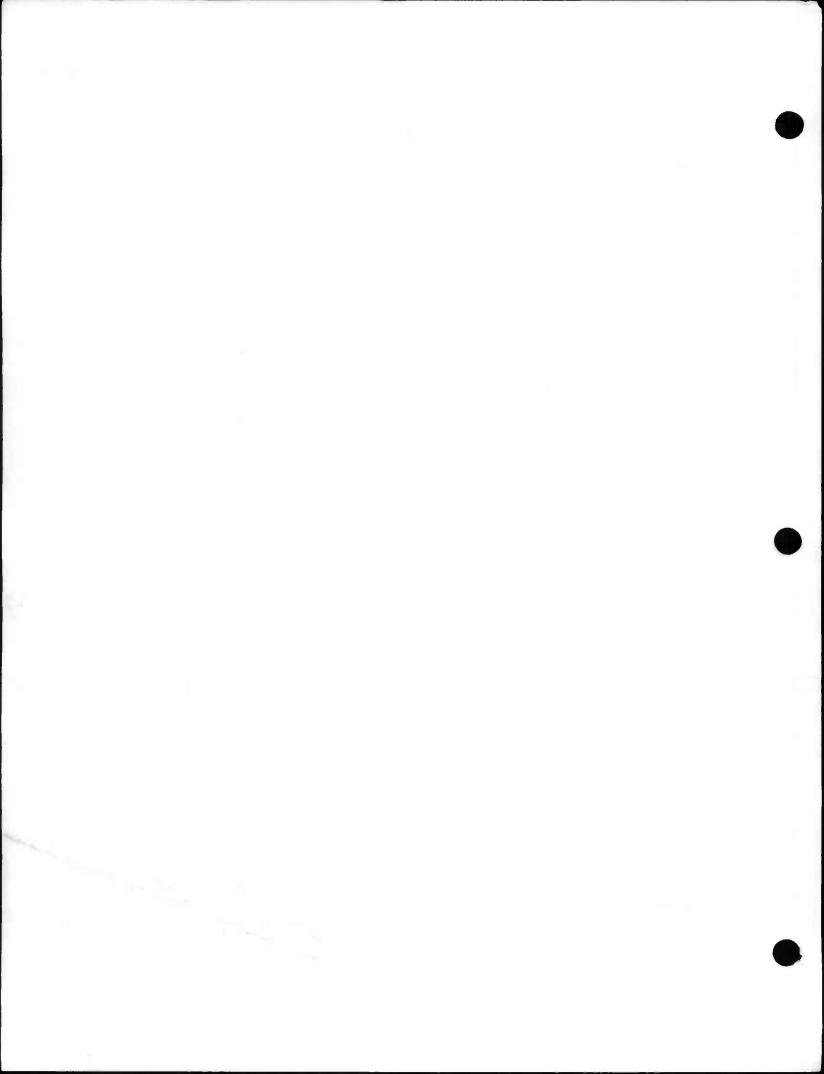
DHMH-16 Rev 1/89



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HYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	should be detached by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	ed, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and he filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to by	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN CHRISTON	PHER NORF	RIS		2. DATE OF DEATH JUNE 16	AY 90 YEA	3. TIME OF DEATH 12:40 P M
	4. SOCIAL SECURITY NUMBER 217–70–4953	1 M 2 □ F 31	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/10/1	58 E	IRTHPLACE (State or Foreign ountry) Bethesda, MD
TOR	98. FACILITY NAME (If not Institution, give s Montgomery Ger RESIDENCE OF DECEDENT			ob. city, town o	R LOCATION OF DE	ATH	Montg	
FUNERAL DIRECTOR		gomery		town or Locat Gaither	sburg			10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	17138 Downing St	#302		10f.	20877			of what country? ed States
B	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, spe		IC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		16a. DECEDENT'S U: (Give kind of wo life. Do NOT use Courier	rk done during moi retired.)		Electro		rtY
COM	17. FATHER'S NAME (First, Middle, Lest) Norbert Edward	Norris			18. MOTHER'S NAI	ME (First, Middle, Malden Mulry	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) James Clifford	Swift	196. MAILING A	DORESS (Street a	nd Number or Rural F g St. #	Route Number, City or Tow 302 Gaith	on, State, Zip Code ersburg	MD 20877
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State 20b.	PLACE OF DISPOSIT other place) Sub	urban C	rematory or rematory		ilver S	pring, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	B. US	M00827	Rapp		Services , Silver		MD20910
N	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cause on each	the death. Do no ch line. SEP CONSEQUENCE OF:	SiS	da of dying, suci	n as cardiac or reap	iratory arrest,	Approximata Interval Between Onset and Death ACUTO
CERTIFICATION	Sequantially liat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	DUE TO (OR AS A 6	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CI	PART II. Other algnificant condition	a contributing to death bu	it not resulting in	tha undariying	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
HYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 - Inpatient 2 - ER/Outpa 28a. DATE OF INJURY	tient 3 DOA 2	OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED .
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆 '	PRK? YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY - building, atc. (Specif	At home, farm, str	eet, factory, offic		26f. LOCATION (Street City or Town, State		lural Route Number,
COMPLET	TOTAGE OTHY	ICIAN: To the best of my knowle ER: On the basis of examination						use(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE Ruben Cosca, M	.D. Thereto	Joly 740	1	29c. LICENSE NUI	ABER 14914458	29d. DATE SIG	SNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DEA	TH (ITE 27) (Type)	one Ohg12	Are C	They,	11/2	pl 22
	31. DATE FILED (Month, Day, Year)	Jan. REGISTRAR'S SIGNA	Randoll	300				



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7	IR ATTENDING PHYSICIAN:
DIVISION	ATTENDING
\leq	R
	OSPITAL OF

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		ENTAL HYGIEN	E		
		1. DECEOENT'S NAME (First, Middle, Last)					DATE OF DEATH DA	114/90	3. TIME OF DEATH	
		JOSEPH J.	NEIDEN BA	(In yrs. lest birthday)	IF UNDER 1 YEAR	AL UNIDED OF THE	DATE OF BIRTH	2096		M
		344-16-1341	1 M 2 D F	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		HRTHPLACE (State or Foreign ountry) Illinois	
3 should		9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DEAT	H 25	On COUNTY O		
2, 3	СТОВ	Largard Minus	Eist Hoffel	il	Have	de Suu,	MH LINS	Har	fund	
ges 1	EC	10a. STATE 10b. COUNT	тү	10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
permit. Pages 1,	DIRE	Maryland	Cecil			owingo			1 TES 2 XXNO	
	FUNERAL	371 MacCAuley Ro	nad		10	21918			OF WHAT COUNTRY? U.S.A.	
physician. burial-transit	UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER			CENOENT OF HISPANIC		or No- 14. F	RACE — American Indian,	_
g physic buris	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	if yes, give wan on the second	DATES		pecify Cuban, Maxican, S 2 X NO Specify:	Puarto Rican, atc.)		Black, White, etc. Specify:	
ttending e as the	ED E	15. DECEDENT'S ED	UCATION	16a. DECEDENT	S USUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUSTF	White	_
al or atte		(Specify only highest gred Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	work done during m use retired.)	ost of working				
the hospital or detached for once.	COMPLET	Eleven Years 17. FATHER'S NAME (First, Middle, Lest)		Un	known	T	Un	known		
by the be det	E 00	Joseph J. Neider	nbach, Sr.			18. MOTHER'S NAME		a Schmi	idt	
5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Roo				
ay be repage 5 a	۴	Joseph L. Szabo							rginia 26704	
e 6 may ector, p must		20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Res 4 Donation 5 Other (Specify)	movel from State	other place)		emetery, crematory or S Cemetery		CATION - City o	e, Maryland	
feath. Page 6 m funeral director, xaminer must		21. SIGNATURE OF FUNERAL SERVICE L		ary rand	22. NAME A	AND ADDRESS OF FACIL	JTY			_
ter death. Pag the funeral di oval.		\$1000 CL +	THE LAW.	Sr.		ville, Ma		runeral	r nome	
E 3 &		23. PART I. Enter the diseases, or	complications that cause List only one cause on	ed the death. Do				ratory arrest,	Approximata interval Batween	n
Pe no fill		IMMEDIATE CAUSE (Final disease or condition	aletinose		1.1.		Tee Mean	in	Onset end Death	
ted within 24 completely fille fall, cremation, each the		reaulting in death)	OUE TO (OR AS	A CONSEQUENCE	OF):	ereeuc	CAU	76-2		_
be executed within cian and completely or to burial, cremat aumatic event,	N	Sequentially list conditions,	b							
ficate be execut physician and o ne prior to buris	CERTIFICATION	if any, laading to immediate cause. Entar UNDERLYING	OUE TO (OR AS	A CONSEQUENCE	OF):					
rtificate ig phys jene pr	IFIC	CAUSE (Disease or Injury that initiated evants	DUE TO (OR AS	A CONSEQUENCE	OF):					
ath ce ttendin tal Hyg	ERI	resulting in death) LAST	d							_
the de y the a d Mem injury	CAL C	PART II. Other significant condition		but not resulting	in the underlylr	ng cause given in Pr	ert I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
any	DIC	Hyputenne	in d				1 YES 2		OF DEATH?	
require een sig of He shows	MEDIC	Canacamy	guyy	1			- 1 '		1 U YES 2 THO	
has b Dept.	PHYSICIAN:	25. WAS CASE PUFERRED TO MEDICAL	el Luguell	.er	26.7	PLACE OF DEATH (Chec	k anly (see)			_
JAN: Trifficate e State	SIC	YES 3 NO	HOSPITAL:	tpetlent 3 🗆 DOA	OTHER: 4 D Nursing Ho	me 5 🗆 Residence 6	Other (Specify)			
HYSIC his cer with th	PH	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Hear)		UURY W	ORK?	18d. DESCRIBE HOW I	NJURY OCCURE	D.	
After t death s mar	ВУ	Accident Investigation 3 Suicide 6 Could not be	286. PLACE OF INJUR	Y — At home, farm		YES 2 NO	IN. LOCATION (Street		ural Route Number,	-
ATTEN ECTOR: s after 1 28 i	ETED	A Homicide determined	building, etc. (5p	ecity)			City or Rown, State)			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene price IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other tr	COMPLE	onel .	/SICIAN: To the bast of my kno						use(a) and manner as stated.	
THE HOS THE FUN filed with	BE C	296. SIGNATURE AND TITLE OF CENTIFIC	I was performe	defence	eli	29c. LICENSE NUMB			GNED (Month Day, Year)	
₽ 2 3 ≥	2	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETEO CAUSE OF D	DEATH (ITEM 27) (Ty)	pe, Print) 2 P.	13 Tress	1166.1.	Ri	- 1/10	_
			COLFER		20	Dar	unglin	ind.	21034	
		31. DATE FILED (Month, Day, Year) JUN 1 9 '90	32. REGISTRAR'S SIG	Mature Moon-Aanda	00					
7		JUN 1 7 30	giona want	WOOLA-No. Inch					DHMU 10 Day 1	

DHMH-16 Rev 1/89

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		#	000
o'o	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	and the state of the Dane of Mariet and Marieta Librarian arias to buried aroundless or or
MINISION OF VITAL RECORDS, F.O. BOA 13148,	cuted	JOO PI	leizin
	8	1 2	4 0
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	ficate	physi	no or
5	certi	ding	Asmin
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3	nires	signe	Linnie
	requ	been	900
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2	DING	After	danah.
2	TEN	TOR:	- Chan
>	A	EC	1
5	9	吉	-

JOHN G. LODMELL

31. DATE FILED (Month, Day, Year)

M.D.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) HELENE AGNES					2. DATE OF	- 16-	90	3. TIME OF DEATH
	578-48-8145	1 D M 2 🔀 8	yrs. leat birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		8-02	Wa	Shington DC
DIRECTOR	96. FACILITY NAME (If not institution, give street FRIENDS VUS) RESIDENCE OF DECEDENT 106. STATE 106. COUNTY	sive Hom		Sand	SPRIN	nG	96.0	ounty of Di	GOMENY 10d. INSIDE CITY
	MARYLAND MONTG	OMERY		ER SPRIM			La		LIMITS?
FUNERAL	15317 NARCISSUS WA		-		20853		t	ISA	VHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 7 NO	If yes, s	CENDENT OF HISPAN Hecity Cuban, Mexican B 2 NO Specify.	n, Puerto Rica		- 14. RACE Black Specif WHI'	
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12)						IO OF BUSINESS	192.5	ENIT
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) JOHN L. O'CONNOR		SECRETA		18. MOTHER'S NAM	ME (First, Midd			ENT
TO B	190. INFORMANT'S NAME (Type/Print) PATRICIA A. SCHLAP	O (NIECE)	1 45 1 5 5 1 1 1		and Number or Rural R	Route Number, (City or Town, State,		20052
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remov 4 Donetton 5 Other (Specify) 21. SIGNATURE OF THE PROPERTY OF THE PR	al from State MT	PLACE OF DISPO other place)	SITION (Name of call of CEMET)	A. S. C. C.		20c. LOCATION WASHIN	— City or To	wn, State
	21. SIGNATURE OF EMPERAL SCHOOL CLCS	4		FRANCI	ND ADDRESS OF FAC S J. COL	LINS F			INC.
	23. PART L Enter the diseases, and the chart tander. Li immediate CAUSE (Final disease or condition resulting in deeth)	mplicatione thet caused st only one cause on ee	ch line.	not enter the m	ode of dying, auch	h as cardiac	or respiratory	errest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to death bu	ut not resulting	in the underlyir	g cause given in		e. WAS AN AUTOP PERFORMED? YES 2 4 NO		. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ICIAN		HOSPITAL:		OTHER:	LACE OF DEATH (Chi				
BY PHYS	27. MANNER OF OEATH 1 D Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	WE OF 28c. IN	JURY AT ORK? YES 2 NO		DE HOW INJURY	OCCURED	
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci		atreet, factory, offi	ce	28f. LOCATIO	ON (Street and Nur bwn, State)	nber or Rural F	Route Number,
COMPLETED	onel	AN: To the best of my knowle On the basis of examination							s) and menner as stated.
TO BE C	30. NAME AND ADDRESS OF PERSON WHO	Small COMPLETED CAUSE OF OF	2 NA	Print	29c. LICENSE NUN	ABER SOO	29d.	O(a	(Month, Day, Year)

2901 OLNEY-SANDY SPRING ROAD

OHMH-16 Rev 1/89

20832

OLNEY, MARYLAND

	FOR	STATE OF N	IARYLAND /	DEPAR'	rmen1	OF HE	AITH AND	MENT	AL HYGIEN	F		10479
	1 - STATE REGISTRAR	OIRIE OI II					DEATH	WENT	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH		YEAR	TIME OF DEATH
	WILLIAM	A DO				ERTO		6		19		5:15 A M
	4. SOCIAL SECURITY NUMBER 578-80-7364	5. SEX 1 XM 2 TF	6. AGE (In yrs. less 21	yrs.	IF UNDER		HOURS MIN.	(0.6	onth, Day, Year)	968	Country)	ngton, DC
	9a. FACILITY NAME (If not institution, give st						LOCATION OF				NTY OF DEAT	
E 1	railroad tracks	5-4414	Pennwo	od R	d .	Н	yatts	vil1	е	Pri	nce G	eorge's
EG	10a. STATE 10b. COUNTY	,		10c. CITY	, TOWN C	OR LOCATIO	ON				10	d. INSIDE CITY
DIRECTOR		George'	s	Glen	n Da							LIMITS?
FUNERAL	10% STREET AND NUMBER 12212 Sir Lancelo	t Drive				100	O769				ZEN OF WHA	T COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF						GIN? (Specify Yes	or No-	14. RACE —	American Indian, hita, atc.
BY F	1 A Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		NO			elfy Cuban, Max		to ricun, atc.)		Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(0	ECEDENT'S Give kind of w	rork done				16b. KIND OF BUS	SINESS/INC	DUSTRY	
7	Elamentary/Secondary (0-12) 12th Grade -	Collaga (1-4 or 5	·)	struc		Mor	kor	,	Conner C.	ah14	- Con	struction
NO	17. FATHER'S NAME (First, Middle, Last)		10011	SCIUC	CIOI				t, Middle, Meiden		.2 0011	Struction
	Benjamin L. Ove	rton					Elain	e Te	endall			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street and			umber, City or Tow	n, State, Zip	Code)	
2	Benjamin L. Overt	on	1	2212	Sir	Lanc	elot D	rive	, Glenn	Dale	, Md.	20769
	20a. METHOD OF DISPOSITION 1 ₺ Burial 2 □ Cremation 3 □ Rame	oval from State	other p	lace)			etery, crematory o	or			City or Town,	
	4 Donation 5 Other (Specify)	enste	Fort	Linco			ery ADDRESS OF	FACILITY	Bre	ntwoo	od, Ma	ryland
	NB. £ 14	120	huh		Fr	anci	s Gasc	h's S	Sons Fu			, P.A. e, MD 2078
	23. PART I. Entar the diseases, or o											Approximate
	shock, or hast failure. IMMEDIATE CAUSE (Final	List only one cau	usa on asch iin:	5.								Interval Between Onset and Death
	disesse or condition resulting in death)	Mult.	iple i	niur	ies							
	resulting in death)		(OR AS A CONSE			_						
Z	Sequentially list conditions,	b										
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	7):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	COUE TO	(OR AS A CONSE	OUENCE OF								
E	that initiated events resulting in daath) LAST	002.10	(OIL NO A COLLOR	OULITOR OF	,.							İ
8		d										1
¥	PART II. Other significant condition	s contributing to	death but not	resulting i	n the u	nderfying	cause given	in Part i.	24a. WAS AN PERFOI		AN	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
PHYSICIAN: MEDICA									1 TY YES 2	□ NO		OMPLETION OF CAUSE DEATH?
2											1.2	YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL							2001 I . I				
2	EXAMINER?	HOSPITAL:			OTHE	R:	CE OF DEATH					
¥	1 TYPES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		28b. TIM		28c. INJU	5 🗆 Residen	- 4	DESCRIBE HOW	SCEN		
1	1 Natural 5 Pending	6-16	Day, Year)	4:5	URY	WOR	IK?		destr			k hv
BY	2 Accident Investigation 3 Suicide S Could not be	28a, PLACE C	OF INJURY — At h			tory, offica		28f. L	OCATION (Street	and Numbe	r or Rural Rou	Number, train
Ë	4 Homicide determined		road t	rack	S			44	14 Per	าทพด	od Ro	1
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of				time, data s	and place, and	dua to the	Hyatta	SVII	Le, Pi	ince
COMPLETED	one) 2 MEDICAL EXAMINE							the time, c	late and place, a	nd due to t	GEOI	rge's, MD
	296 SIGNATURE AND TITLE OF CERTIFIC	R J	10				29c. LICENSE	NUMBER		29d. DA	TE SIGNED (M	onth, Day, Year)
) BE	Mulgrente V	neyn	Ul				OCME			•	6-16-	-90
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH (IT	EM 27) /Time	Deine)					-		

111 Penn St., Balto.,

21201

DHMH-16 Ray 1/89

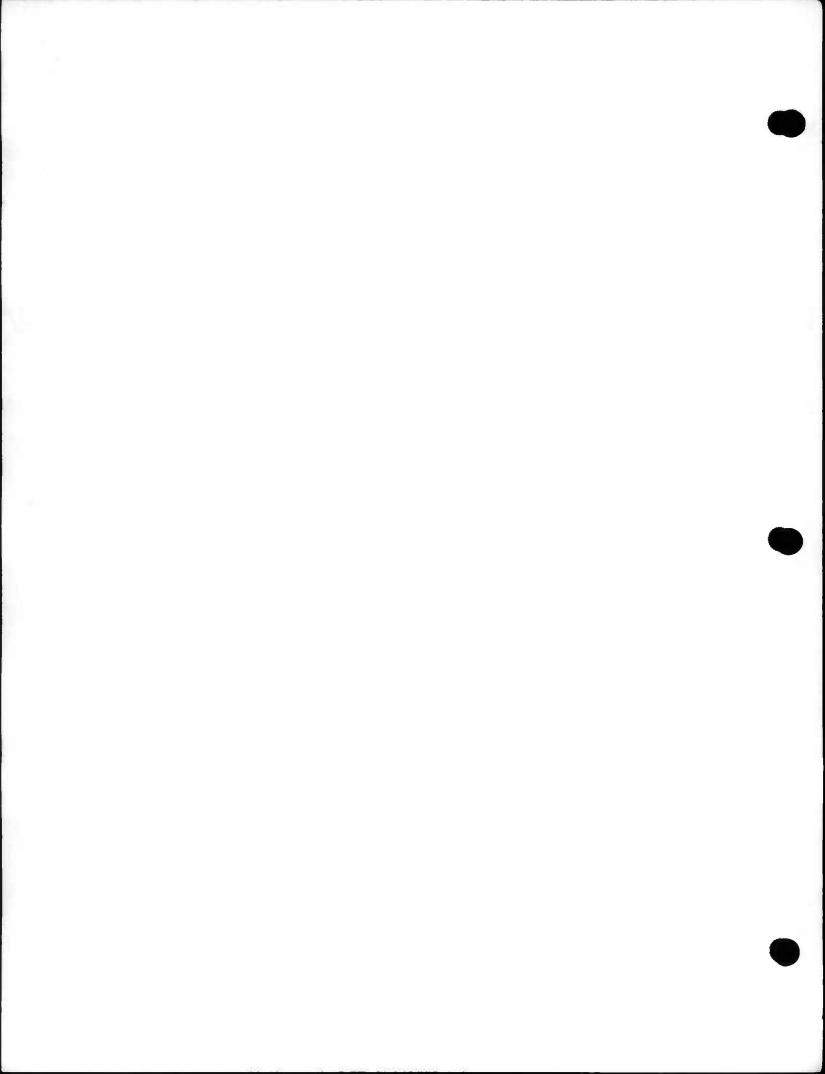
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Korell,

Margarita A.

M.D.

32. REGISTRAR'S SIGNATURE





DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL MECORDS, P.O. BOX 13146, BALLIMONE, MANYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR-After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an	IMPORTANT: If Item 28 is marked, or Item 23 shows any

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last) MARY	MARY E C	OWEN			2. OATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH 6.32AM
4. SOCIAL SECURITY NUMBER 577 03 8339	5. SEX 8. AGE (n yrs. last birthday) YRS. WON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		10 Was	hington DC
Se. FACILITY NAME (If not institution, give stated Leland Memori			River	dale	ATH	9c. COUNTY OF D	Georges
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Wash. D.C.		1 '	wn on Locat	n, D. C	!.		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER				ZIP CODE		100	WHAT COUNTRY?
315 Oneida St 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR D	U.S. ARMED	If yes, spe	20011 ENDENT OF HISPANI city Cuban, Maxican XXNO Specify:		Bled	A. E. — American Indian, ok, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Federal	done during mo: ired.)	st of working) Secret	Servi	ce
17. FATHER'S NAME (First, Middle, Lest) John Callaha	n			18. MOTHER'S NAM	Follin	*	
19a. INFORMANT'S NAME (Type/Print) John A. Kendri		233 M	ass.	Avenue	oute Number, City or Town	hington	
20a. METHOD OF DISPOSITION 1 57 Surial 2 Cremation 3 Remo	oval from State		hapel	Cemete	ry Vie		lrginia
21. SIGNATUR DU FUNERAL ERROCCUE KENDALL BU	RNEY VANCI	ivel L			LITTAKOM		C. ZOOIZ
I IMMEDIATE ONLIGE (EII	List only one cause on a	ech line. CuLAR	MAU	de of dying, such	ARRY	ratory arreet,	Approximata Interval Between Onset and Death
Sequentially list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF): A CONSEQUENCE OF):	L 1	NFARC	TION.		
PART II. Other algorificent condition 1. Respus	e contributing to death to			0.041 (0		RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident investigation 3 Suicide a Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, ferm, atree	it, factory, offic		281. LOCATION (Street and City or Town, State)		l Route Number,
(Crieck only	CIAN: To the best of my know						e(e) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	Henry			29c. LICENSE NUN 22	710		3 · 1990
30. NAME AND ADDRESS OF PERSON WH ASIF S-QADRI		BERWYN	House	RD, C	ollege P	K, M	1) 20740
31. OATE FILED (MORTH, Day, Year)	32. REGISTRAR'S SIGN	doon-Randole					

и.

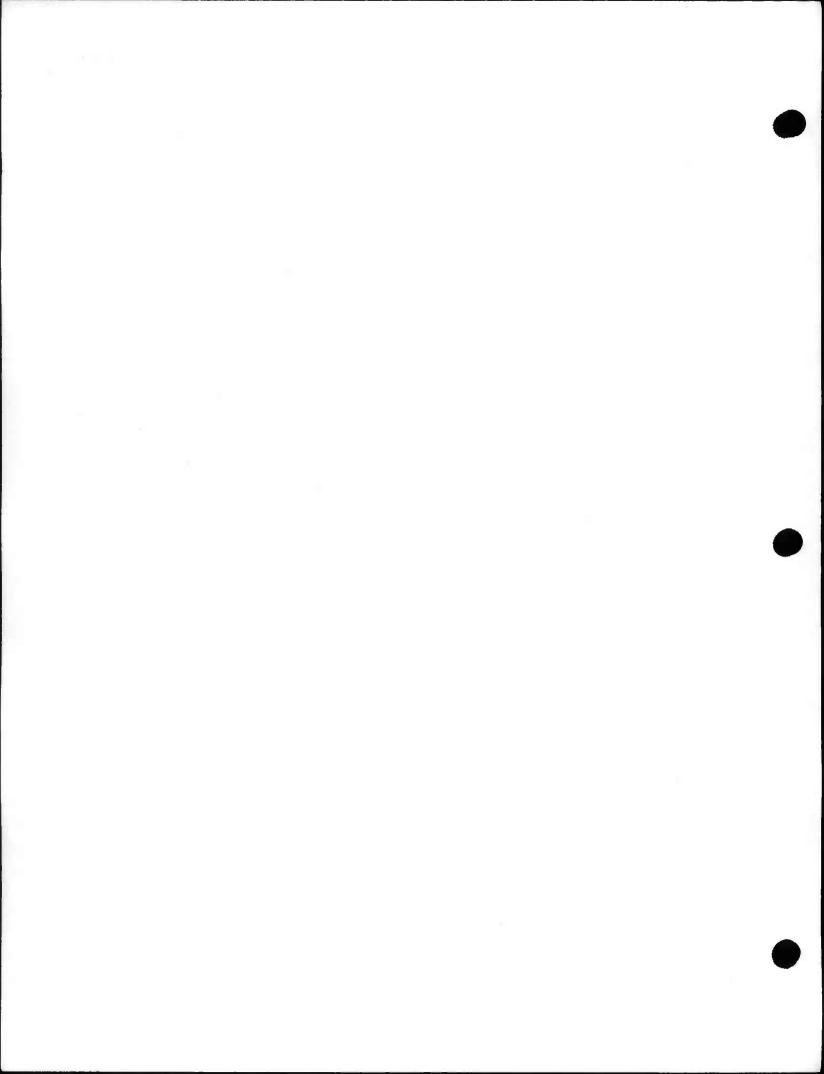
		8	
46	ath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	trending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per all Hygiene prior to burial, cremation, or removal.	
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20	or al	nse	
7	ital	10	
AND N	he hosp	detache	once.
	5	2	7
BALTIMORE, MARYLAND 21203-3146	etained	should	, or other traumatic event, the medical examiner must be notified at once.
2	be	96	E 3
Ä	Пау	r, pa	St
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Σ	Pag	je je	ner
ALT	death.	funera	exami
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<u> </u>	exect	and o	nati
×	Be	cian ior t	Tau.
B	icate	physic pr	er t
P.O. BOX 13146,	ertif	ttending physician and completely filled in by the ital Hygiene prior to burial, cremation, or removal.	tie tie
<u>.</u>	ath c	al H	9

	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ठ	TIFE	6	AL CE	200	ME	Z	SICI	ĭ <u>×</u>	급	B	0	2	J.E	Ξ	8	BE	0	
ě	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic ev	=	othe	5	Injury,	any	shows	23	item	0	ked,	E III	50	28	item	=	ANT	POR	Ξ	
, ,	or to buria	Ď	giene	£	d Menta	th an	of Hea	Jept.	State 1	the	with	leath	D Ja	aff	hours	2	within	fled	3	
E	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com-	ysic	ing ph	end	the att	ed by	een sigr	as b	icate h	ertif	this c	After	A.	E	DIRE	ZA.	FUNE	HE	2	
Pe	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to	ate	ertifica	the	the deal	that	requires	MB	V: The	CIA	HYS	#NG F	2	E	OR /	M	HOSP	THE	2	

	REGISTRAR		CE	RTIF	ICATE	E OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
	Virginia	M. Peters	son							1990	YEAR	1:15 AM M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		6. BIRTH	PLACE (State or Foreign
	389-16-1875	1 □ M 2 🖔 F	69	YRS.	MONTHS	DAYS	HOURS MIN.	Nov	. 13,]			consin
_	9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN C	R LOCATION OF DE	EATH		9c. COUN	TY OF D	EATH
DIRECTOR	303 South Horners	Lane			R	ockv	ille			Mo	ntgo	mery
Ä	10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIGE CITY LIMITS?
5	Maryland Mor	tgomery			R	ockv	ille					1X YES 2 □ NO
	10e. STREET AND NUMBER					10f	ZIP CODE			10g. CITIZ	EN OF W	/HAT COUNTRY?
FUNERAL	303 South Horne	ers Lane					2085	0		Un:	ited	States
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED			ENDENT OF HISPAN			or No-	14. RACE	— American Indian, I, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				1 YES	2 NO Specifi		o Mican, aic.)		Speci	White
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .	18	sb. KIND OF BU	SINESS/INO		
E	(Specify only highest grade Elementary/Secondary (0-12)	e completed) College (1-4 or 5 +)	(Gille.	ive kind of a Do NOT us	work done se retired.)	during mo	at of working					
COMPLETED		2		mema	ker				Own	Home		
S	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First	, Middle, Maiden	Surneme)	- 77-	
	Felix Bohonek						Ger	tru	de Stei	inberg	1	
BE	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRESS	S (Street a	nd Number or Rural	Route Nu	mber, City or Tow	n, State, Zip	Code)	
임	Paul L. Peterson	ı	3	03 S	. Ho	rner	s Lane,	Roc	kville,	Mary	lan	d 20850
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (No	ame of cen	netery, crematory or	:	20c. LC	CATION —	City or To	wn, Stata
	1 XBurial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from Stata	Arlin	aton	Nat	iona	l Cemete	rv	Arl	ingto	on.	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22	NAME AN	ID ADDRESS OF FA	CHITY				
	* Rahmy	Farral	M0019	98	30 Ro	ert 0 We ockv:	A. Pumplest Monte	nrey gome ryla	Funer ry Ave ind 20	al Ho nue 850-2	me/F 805	Rockville, Inc.
	23. PART I. Enter the diseeses, or											Approximate
	ahock, or heart fallure. iMMEDIATE CAUSE (Final	List only one ceu	se on each iine).								Onset and Death
	disease or condition	Para	.	Δ.	() - n - =	+						
	resulting In death)	DUE TO	OR AS A CONST			1						
Z	Sequentially list conditions,	. Metas	tatic	da	nee	· ·	+ Brain		Cspin	e ,		
CERTIFICATION	if any, leading to immediate	DUE TO	OR AS A CONSE	DUENCE O	F):			/				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	a ale	OR AS A CONSE	LUC	11							-
Ë	that initiated events	DOE 10 (ON AS A CONSE	JUENCE U	r); -							j
5月		d										
	PART ii. Other significent condition	ns contributing to	deeth but not i	esuiting	in the ur	nderlyin	g cause given in	Part f.	24a, WAS AN		24b	. WERE AUTOPSY FINDINGS
EDICAL									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 120			OF DEATH?
Σ												T TES 2 JE NO
A	25. WAS CASE REFERRED TO MEDICAL	T				26. PL	ACE OF OEATH (Ch	eck only	one)			
PHYSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpetlant 2	□ DO4	OTHE	R:	10					
¥	27. MANNER OF DEATH	26a, OATE OF		28b. TIA	-	28c. INJ	BERY AT		ESCRIBE HOW	INJURY OCC	TIREO	
	1 Natural 5 Pending	(Month, De		IN.	JURY	WC	PRK7	20410	EQUINDE TOWN			
BY	2 Accident Investigation	25e, PLACE OF	INJURY — At he	ma, ferm.	atreet, fac			28f. L0	OCATION (Street	and Number	or Rural I	South Number
COMPLETED	3 Suicide S Could not be 4 Homicide determined	building,	ntc. (Specify)			,,		Ci	ty or Town, State)		
2	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of	my knowledga, de	ath occur	ed at the t	time, data	and place, and due	to the c	ause(s) and ma	nner as state	ed.	
NO.	one) 2 MEDICAL EXAMIN	ER: On the besia of ax	emination and/or	Investigati	on, In my o	opinion, d	lasth occured at the	time, de	nta and place, a	nd due to th	e cause(s	a) and manner as stated.
	296. SIMMATURE AND TITLE OF CENTIFIE	R / //	1	_			29c, LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
BE	mil. M	Mull	Λ				D354	78		,T1	ine	14. 1990
TO B	Male and Address of Person W	HO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	, Print)		poss	78		Jı	ıne	14, 1990

32. REGISTRAR'S SIGNATURE
Gicha Davidson-Randell

DIVISION OF VITAL RECORDS,



BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ riours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires that the death certificate be executed within 27	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f 2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RE	L OR ATTENDING PHYSICIAN: The law req	L DIRECTOR: After this certificate has been hours after death with the State Dept. of

tending	as the	
Il or at	for use	
hospita	ached	9
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6 та	ector, p	must
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execute	and co	matic
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that th	ed by th	any In
equires	an signe	NOWS S
law re	as be	23 sl
IN: The	ficate	r Item
HYSICIA	ns cert	ed, o
ING PI	After th	mark
ATTENC	CTOR:	28 Is
AL OR	L DIRE	t Item
OSPITA	UNERA	ANT: I
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. Of reading and health should be filed worth, the medical examiner must be notified at once. IMPORTANT: It filem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	= .	ے م

1 - STATE REGISTRAR		CE				DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Las							2. DATE (OF DEATH	MY	YEAR	3. TIME OF DEATH	
	TTS						JUNE	9, 1	990		10:15 P	
4. SOCIAL SECURITY NUMBER None	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS MIN.	Jun	Day, Year)	1990	6. BIRTH Count	PLACE (State or Foreign Md.	
	9e. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL						EATH	- 9,	9c. COL	INTY OF D	DEATH	
RESIDENCE OF DECEDENT												
10e. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER	10e. STREET AND NUMBER								10g. CIT		WHAT COUNTRY?	
10e. STREET ANO NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	FORCES?	NT EVER IN U.S. ARM YES 2 THE MAR OR DATES	MED D		If yes, spe	ENDENT OF HISPAL city Cuban, Mexico 2 NO Specti	an, Puerto R		a or No—	137		
15. OECEDENT'S Et (Specify only highest gra				USUAL O		N st of working	16b.	KIND OF BU	ISINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	life, i	one	se retired.)	duning mo	at or working							
17. FATHER'S NAME (First, Middle, Last)	79-79					18. MOTHER'S NA	AME (First, M	iddle, Maider	Surname)			
E	ric Fle	tcher					Lei	ora	Pit.	ts		
19a. INFORMANT'S NAME (Type/Print) Lenor	Rt. 2			Box 283	Route Numb		vn, State, Z	ip Code)	23395			
20a. METHOD OF DISPOSITION 1 Dauriel 2 Cremation 3 Re											own, State	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME AN	D ADDRESS OF FA					a. 23301	
immediate cause (Final disease or condition resulting in death)	a. Due to	treme	1707								interval Betwee Onset end Dear	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant conditi	ons contributing to	in the u						N AUTOPSY PRIMED? 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO				
25. WAS CASE REFERRED TO MEDICAL		_ ·			26 DI	ACE OF DEATH (C)	book only on	-1				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 Nu	R:	e 5 🗆 Residence		,				
27. MANNER OF DEATH 1 Natural 5 Pending		F INJURY Day, Year)	28b. TIN	ME OF JURY M		URY AT RK? YES 2 NO	28d. DE\$	CRIBE HOW	INJURY O	CCURED		
2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	26e. PLACE	OF INJURY — At hor , etc. (Specify)	m 1 YES 2 NO				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
CONSUM CHAP	YSICIAN: To the best of										(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	leh Mg)				29c. LICENSE NU	JMBER		29d. DA	TE SIGNE	O (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAI	JOHS	# 27) (Type	n, Print) PKU	5	HOSPI	TAL	_ 6	BON	to m	ST-21205	

* B N 1

(1)	100	1. 20st Mileus)
BALTIMORE, MARYLAND 21203-3146	The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	таtion, ог гетога!.	t, the medical examiner must be notified at once.
TAL RECORDS, P.O. BOX 13146,	The law requires that the death certificate be executed within	ate has been signed by the attending physician and completely	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
R	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /			HEALTH AND N	MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	f	URN	UELL		2. DATE OF DEATH	7.1992	3. TIME OF DEA	ATH /	
	4. SOCIAL SECURITY NUMBER 213-22-7951	5. SEX 1	- (Month Day Year)					SIRTHPLACE (State or Incountry) Md.	Foreign	
æ	9a. FACILITY NAME (If not institution, give st		91		OR LOCATION OF DE	ATN	OF DEATH			
010	Peninsula General				sbury, MD		Wicomico			
DIRE	Md. Wore	cester		COMOK			10d. INSIDE CIT LIMITS? 1 YES 2			
ERAL	100. STREET AND NUMBER 519 Pitts	Ereek Bane		10		OF WHAT COUNTRY?				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12, WAS OECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED IO	If yes, s	DENDENT OF NISPAN Decity Cuban, Mexican B 2 NO Specify.			or No— 14. RACE — American Indian, Black, White, etc. Specify: Black		
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16a. DE (Gi	CEDENT'S US	SUAL OCCUPAT ik done during m retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDUST	RY		
COMPLETED	Elementery/Secondary (0-12) Elementary	College (1-4 or 5+)		estic		House 7	work			
BE CON	17. FATHER'S NAME (First, Middle, Last)	John Schoolfie	eld			e Copes	Surname)			
TO B	19a, INFORMANT'S NAME (Type/Print) Hary G. Cro	pper	o. MAILING AD	P.O.	Box 367	Pocomoke	n, State, Zip Cod	^{∞)} x xk % 1 x5 2	1851	
	20e. METNOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. PLACE other pla	of Disposition (Name of cameter), cramatory or Pocomoke, Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Kerch E.g. L	Thanlow		Whar	ton Fund	eral Home	e - Ac	comax, V	a.	
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due TO (OR AS A CONSCOUENCE OF):									
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events									
ERTI	resulting in death) LAST	d. HODA	1							
SAL	PART II. Other aignificent condition	e contributing to death but not r	resulting in	the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	IMED?	24b. WERE AUTOPSY AVAILABLE PRIO COMPLETION DE OF DEATH?	R TO	
Z: ME						-		1 YES 2	NO NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. I	LACE OF DEATH (Che	eck only one)				
PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	1 Inpatient 2 ER/Outpatient 3 26e. OATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCUR	ED	\dashv	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stre			26t. LOCATION (Street a City or Town, State)		Rurel Route Number,		
COMPLETED	(Orlock Orly	ICIAN: To the best of my knowledge, de ER: On the besie of examination and/or						huse(s) and manner as	hetete	
BE CO	29b. SIGNATURE AND THE OF CONTIFIE			, , , , , , , , , , , , , , , , , , , ,	29c. LICENSE NUN			GNED (Month, Day, Yea		
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH (ITE	M 27) (Type, Pi	Print)	10-79	1.)	- 6	1-3/70		
0	31. DATE FILED (Month, Day, Year)	# E SIX	andell	14/65	1	2			\dashv	
	IIIN 2 5 '90	1								

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FOR STATE REGISTRAR

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DHMH-16 Rev 1/89

- 1	,	1. DECEDENT'S NAME (First,	DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY			YEAR	3. TIME OF	DEATH	
	į	R:	ichard	Hals	ey	Pr	ende	rgas	st			8-90		TEAR	7:12	2AM w	
	1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE ('in yrs. lasi	t birthday)	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		6. BIRTH Country	PLACE (State y)	or Foreign	
		216-44-60		XX M 2 ☐ F		44	YRS.				10-	18-45		Chic	ago,	ILL	
		9a. FACILITY NAME (If not in		,				233		OR LOCATION OF DE	ATH			NTY OF D		_	
E	DIRECTOR	Anne Arundel General Hospital Annapolis Anne Arundel County											_				
	S E	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.									10d. INSIDE		_				
	H	MD Anne Arundel Annapolis										VES					
. bermit.	AL	10e. STREET AND NUMBER	101. ZIP CODE			10g. CITIZEN OF				HAT COUNT	RY?						
TISH.	FUNERAL	110 Market Street 21401 USA											SA				
DUMAI-Transit	5	11. MARITAL STATUS	Heren Zir	12. WAS OECEDEN				13		ENDENT OF HISPAN			or No	14. RACE Black	- American , White, etc.	Indien,	
me pri	BY	1 Never Married 2		IF YES, GIVE Y						NO Specify				Speci	wWhit	е	
as S		15. DEC	EDENT'S EOU	CATION		16a. DECEDENT'S USUAL OCCUPATION					168	. KIND OF BUS	SINESS/ING	DUSTRY			-
n use	COMPLETED		y highest grade		4)	(G		work done	e durina mo	est of working	-	W					
led rot	7	12	(12)	4+	*)	Go	v't	. C	onst	ltant	F	rofes	sio	nal	Serv	ice	
oetach once.	O	17. FATHER'S NAME (First, M	liddle, Last)							16. MOTHER'S NA							
8 Ta	ш	William Prendergast Sr. Mary Comeford															
notified	TO B	19a. INFORMANT'S NAME (7				19			SCAL THE	and Number or Rural I							
0 10	F	Marlene S			t	1	.10	Mar!	ket	Street	, Ar	7 1			214	01	_
ector, page		26a. METHOD OF DISPOSIT		oval from State	201	other pl	ece)			metery, crematory or				City or To			
ar m		4 Donetton 5 Other (Specify) Metro Crematory Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSRE 22. NAME AND ADDRESS OF FACILITY											MD		_		
e tuneral di il. examiner		Hardesty Funeral Home P.A.															
val.		alu	of r	d. Cass	cold	de									MD		
the attending physician and completely filled in by the function page is should be detached. Mental Hygiene prior to burial, cremation, or removal. Along its propert traumatic event, the medical examiner must be notified at once.	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition a. Arteriosclerotic cardiovascular disease													Intan	oximata val Between t and Death		
crem event		DUE TO (OR AS A CONSEQUENCE OF):															
prior to burial	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.															
attending phraid Hygiene	SERTIFI	that initiated events resulting in death) LAST oue to (or as a consequence of):															
ned by the att th and Mental any Injury,		PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE A MAILLE												WERE AUTO	PSY FINOINGS	Ī	
Health and Inches Inche	MEDICAL											XM YES 2				N OF CAUSE	
f Heat	ME														XX YES	2 🗌 NO	
Dept. o	ä																
State D	S	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:				отн		LACE OF DEATH (C/	neck only o	one)					_
s certificate has been s th the State Dept. of H id, or Item 23 shov	PHYSICIAN:	MXXXES 2 □ NO		1 - Inpetient X		tpatient :	_		<u> </u>	me 5 - Residence	-						_
death with 1 s marked,	ВУ РН	27. MANNER OF DEATH X Natural 5 2 Accident	Pending Investigation		Day, Year)			JURY M	1 🗆	JURY AT ORK? YES 2 NO		SCRIBE HOW					
after d	ETED	3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE building	of INJUR	ecify)	ome, term,	street, fi	actory, offi	C0	281. LO	CATION (Street y or Town, State)	end Numbi	er or Humin	Houte Number	,	
= N =	COMPLI	Control only								e and place, and du					e) end menne	or na stated.	
TO THE FUNERA be filed within 7 IMPORTANT: 1	BE	29. SIGNATURE AND TITLE	GE CENTIFIE	fille	A	M	Ā			29c. LICENSE NU OCME	MBER			6-19	• (Month, Day −90	Year)	
	유	30. NAME AND ADDRESS O	F JERSON W	HO COMPLETED CA	UNE OF D	ЕАТН (ІТЕ	EM 127) (Typ										_
		MARIO F.							111 E	Penn Stre	et,E	Baltimo	ore,M	ID 21	201		7
		31. DATE FILED (Month, Day	(16ar)	32. REGISTE	RĀR'S SIG	NATURE											
		JUN 2 0 19	JU 94	me wavidson	Man	delle											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

name production is putting the

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL ONRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PER Charles 31. DATE FILED (Morith, Day, Year) JUN 2 2 1990

Runzer

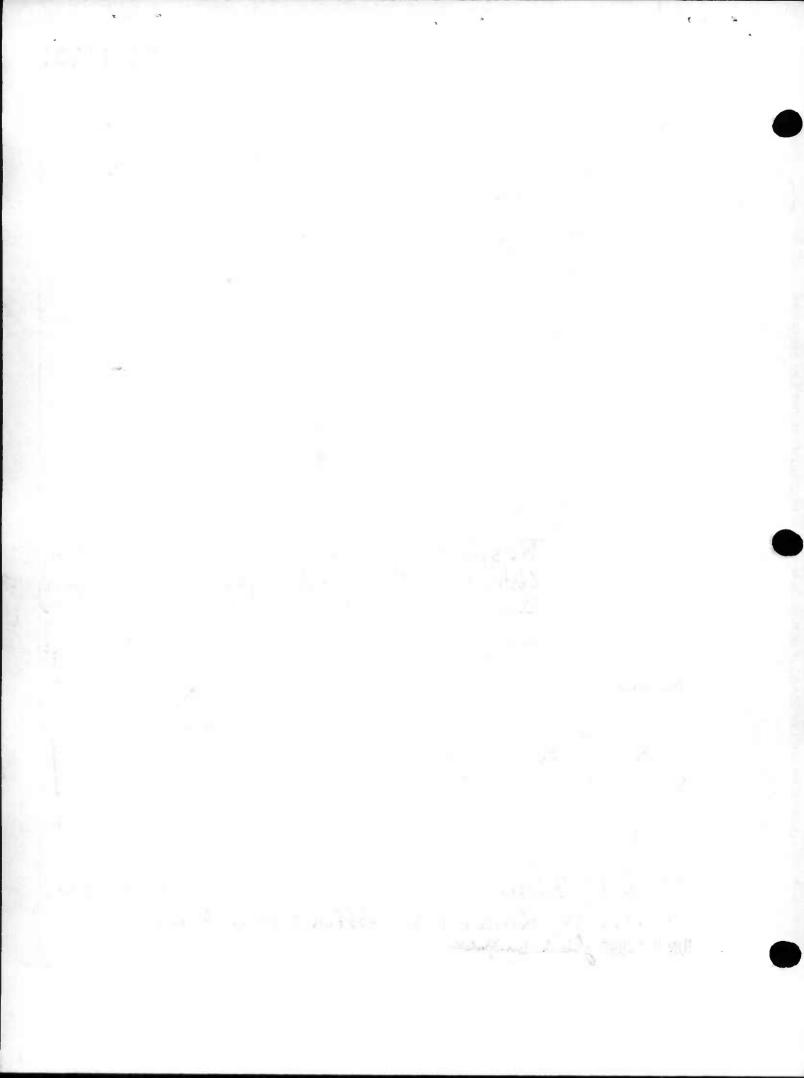
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

						90 18431
FOR 1 STATE	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AN	D MENTAL HYGIEN	1E	
REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)	PARKER			2. DATE OF DEATH	"o d	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		n yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HF	S. 7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign
214-18-7164	1 M 2 🗆 F	VRS.	THS DAYS HOURS MI	109/18/		Country) MARYLAND
9a. FACILITY NAME (If not Institution, give st	11 1 0		CITY, TOWN OR LOCATION O	F DEATH	A	OF DEATH
RESIDENCE OF DECEDENT	aucai cer	iter /	Minapons		Hone	Arundel
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
MD Anne	Arunae	Ann	apolis			YES 2 NO
12 Silverwa	of circle	,	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS		IIS ARMEO	13. WAS DECENDENT OF HIS	SPANIC OBIGIN? (Specify V	or No. 1	I. RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR DA	TES	It yes, specify Cylban, Ma	ixican, Puarto Rican, atc.) pocify:		Specify: RMCK
15. DECEDENT'S EDUC		16a. DECEDENT'S USU	IAL OCCUPATION	16b. KIND OF BI	JSINESS/INDUS	STRY
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during most of working			
		MECHAN	TC			
17. FATHER'S NAME (First, Middle, Last)		HEUMAN	10	NAME (First, Middle, Maide	n Surname)	
REV. JAMES PAR	KER			HENIRETTA I	HARROD	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and Number or R	ural Route Number, City or To	wn, State, Zip Co	ode)
PATRICIA P. JOSEY		211 Н	Victor Parkw	ay Annapol:	is, md.	21403
20a. METHOD OF DISPOSITION 1/2 Burlel 2 Cremetion 3 Ram	oval from State	PLACE OF DISPOSITIO	N (Name of cemetery, cremator)	or 20c. L	OCATION — CIT	y or Town, Stata
4 Donation 5 Other (Specify)			TERAN CEMETE	RY CRO	NSVILI	LE, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS O	F FACILITY 821 W	EST ST	ANNAPOLIS, MI
Lanny 6	y. Reese		WILLIAM RE	ESE & SONS I		# X - V X
23. PART I. Enter the diseases, or o	complications that caused	the death. Do not				t, Approximate
shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on e	ich lina.	1 0			Interval Between Onset and Death
disease or condition resulting in death)	Raspi	vatory +	ailure			10 days
resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	C1	1		
	· Obstruct	we pull	nonary Fib	rocmphyse	2ma	15 40ars
Sequantially list conditions, if sny, leading to immadiate	DUE TO (OR AS A	CONSEQUENCE OF):				
CAUSE (Disease or injury	C					
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
resoluting in dealth, EAST	d					
PART II. Other significant condition	na contributing to death b	ut not resulting in t	he undariying cause give		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
None					2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			-		1	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	(Check only one)		
EXAMINER?	HOSPITAL:		THER: Nursing Home 5 - Realda	nca 6 Other (Specify)		
27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	REO
1 Netural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO		t and Miletin	Burd South Musel
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At nome, farm, stree	н, тестоту, отпов	26f. LOCATION (Stree City or Town, Stat		rsural Houte Number,

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

> June 20, 1990



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mou's after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR	ST	ATE OF M	ARVI AND /	NEDAR	TMENT	UE H	EALTH AND N	AENTA:	HAGIENI	:	-	1 0	
_	1 - STATE REGISTRAR L DECEDENT'S NAME (First, Midd		AIE OI III					DEATH	2. DATE C	REG. NO.			3. TIME OF DEA	ATN
		F1o:	ra	Maude	F	ETER	MAN		Jun	e 21		990	8:32	Рм
	4. SOCIAL SECURITY NUMBER 216-54-8172	5. Si	EX M 2 TV F	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Jan. 18,1894			Counti	PLACE (State or I	Foreign
	9e. FACILITY NAME (If not institution, give street and number)			70		as CITY	TOWALO	R LOCATION OF DE		10,1		NTY OF D	-	_
œ									AIII					
2	Washington County Hospital					па	gers	LOWII	Wash				gron	
DIRECTOR	10e. STATE 10b	COUNTY				y, town o			-				10d. INSIDE CIT LIMITS? 1 YES 2 X	
51	Maryland 1	Washing	<u>ton</u>		П	agera		ZIP CODE			10a, CIT	IZEN OF V	WHAT COUNTRY?	
R.	Ravenwood Lu	thoran	Villad	10			-	1740				SA		
FUNERAL	11. MARITAL STATUS			EVER IN U.S. ARI	MED	13. 1		NDENT OF HISPAN	IC ORIGIN?	(Specify Yee		14. RACI	E — Americen Inc	dien,
BY FL	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 WILDOW				1	f yea, spe	city Cuben, Maxican 2 X NO Specify	n, Puerto R			Spec	k, White, etc.	1	
	A	<u> </u>							Local				ite	
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondery (0-12)			(Gi	ve kind of Do NOT u	work done of se retired.)	during mos	N It of working	166.	KIND OF BUS	INESS/IN	DUSTRY		
PL	8	-			ouse	wife								
ON	17. FATNER'S NAME (First, Middle,	Last)		· · · · · · · · · · · · · · · · · · ·				16. MOTHER'S NAI	ME (First, M	iddle, Maiden	Sumeme)			
BE C	Josiah Eakle							Mary St	ickl	2				
TO B	19e. INFORMANT'S NAME (Type/P							nd Number or Rural F						
۲	Anita J. Whi	te						ve., Hag	erst			_		
	20e. METNOD OF DISPOSITION 1 Donation 5 Other (Spe		rom State	20b. PLACE other place Mt. V	of DISPO	sition (Na Ceme	me of cen tery	etery, crematory or					own, State Maryla	nd
	21. SIGNATURE OF FUNERAL SE	RVICE LICENSE	Dur	ined	Q	M	TNNT	CH FUNER Wilson	AL H		gers	stown	n, Md. 2	21740
	23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such accordance or reaptratory arrest, shock, or heart fallure. List only one cause on each line. Approximate interval Between Onset and Death													
	IMMEDIATE CAUSE (Final disease or condition Procumon is									5 da	Control of the control			
	OUE TO (OR AS A CONSEQUENCE OF):										Jua	y 3		
z		h.	rterio	sclerot	ic C	ardio	vas	cular Dis	sease				Year	S
	Sequentielly liet conditions if eny, leeding to immediate		DUE TO	(OR AS A CONSEC	UENCE C	F):								
CA	cause. Entar UNDERLYING CAUSE (Disease or injury	~	DUE TO	OD 40 4 0000F	NIENOE C	· ·								
CERTIFICATION	that initiated events regulting in deeth) LAST		DUE 10	(OR AS A CONSEC	DUENCE C	W-):							j	
Ы		d												
-	PART ii. Other significant of	conditiona cor	ntributing to	deeth but not r	eaulting	In the Ur	derlylng	cause given in	Part i.	24a. WAS AN PERFOR		24	WERE AUTOPSY	
PHYSICIAN: MEDICAL	Fracture r	ight fe	mur						_	1 TYES 2			COMPLETION OF DEATH?	
Ä									_				1 YES 2] NO
ž														
SIA	25. WAS CASE REFERRED TO ME EXAMINER?		SPITAL:			OTHE		ACE OF DEATH (Ch	eck only on	9)				
, Si	XXYES 2 □ NO	iχ	Inpatient 2	ER/Outpatient 3	□ DOA			e 5 🗆 Residence	6 🗆 Other	(Specify)				
PH	27. MANNER OF DEATN	dos	26a. DATE OF (Month, D	ay, Year)		JURY		RK?		CRIBE NOW I				
B	1 Natural 5 Pend 2 Accident Inver	stigation	6/7/9			5P м	1 🗍 1			l agai				
COMPLETED	3 Suicide 6 Coul 4 Homicide dete	ld not be rmined	building,	FINJURY — At he etc. (Specify)		street, fec	lory, offic	•	281, LOCA City of	TION (Street in Town, State) Luthe	nd Numbe r Dr	ive.	Route Number, Hagerst	own, Mo
Nursing Home 1183 Luther Drive, Home 183 L														
299. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and me one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, e												(s) end menner e	stated.	
	29b, SIGNATURE AND TITLE OF							29c. LICENSE NUI					D (Month, Day, Yes	
8	Show. O	(D) 9	XXX	77										
2														

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (NEM 27) (Type, Print)

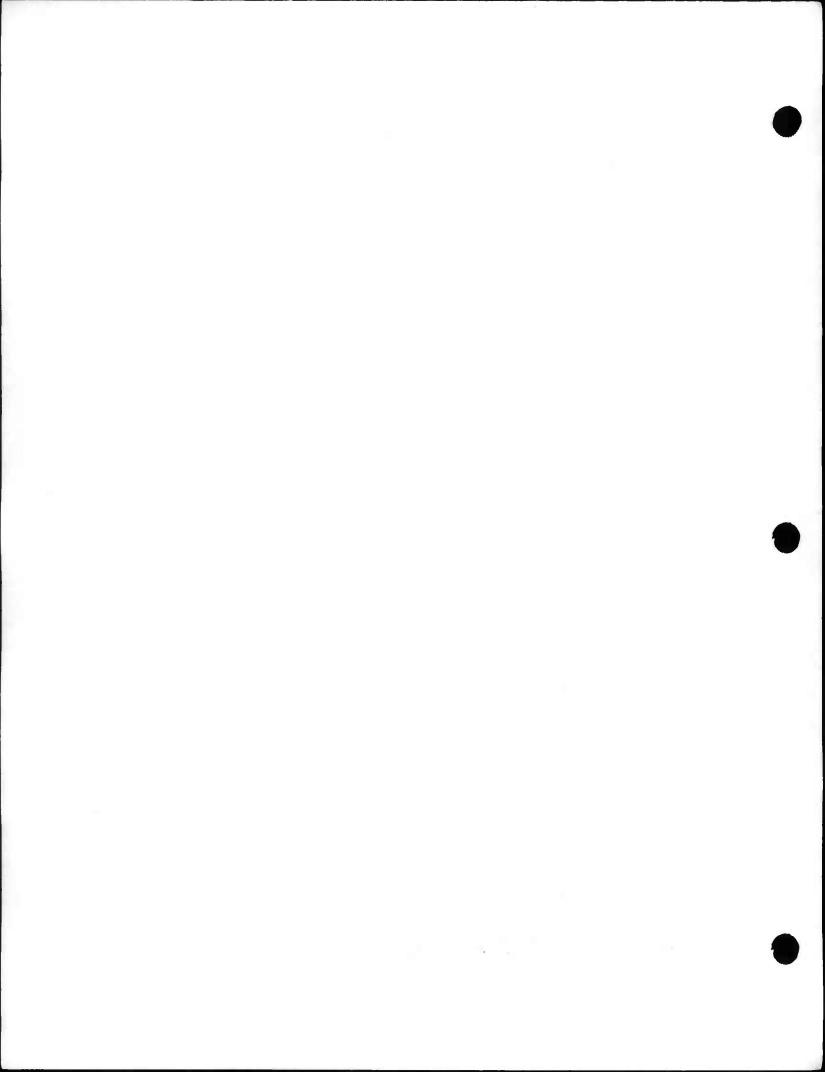
Edward W. Ditto, III, M.D., 217 West Washington Street, Hagerstown, Maryland 21740

31. Date Filed (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

JUN 26 90

34. REGISTRAR'S SIGNATURE



	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) PLATT AGDALENE PLATT 2. DATE OF DEATH MONTH ADA 3. TIME OF DEATH AGDALENE PLATT 4. DAY 6 23 - 90 3:50 A M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Clay, Year) 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Clay, Year) 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 UNDER 1 YEAR IF UNDER 1 YE								
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH WASHINGTON								
FUNERAL DIRECTOR	THE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION HAGERSTOWN 10d. INSIDE CITY LIMITS? 1 X YES 2 \(\sqrt{N}\) NO								
ERAL	100. STREET AND NUMBER 336 SOUTH CLEVELAND AVENUE 101. ZIP CODE 2.1740 102. CITIZEN OF WHAT COUNTRY? 2.1740 2.1740								
BY	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. Specify: White, atc.								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) Collage (1-4 or 5+) Collage (1-4 or 5+) Collage (1-4 or 5+) Collage (1-4 or 5+) Collage (1-4 or 5+)								
BE CON	17. FATHER'S NAME (First, Milddle, Last) STANLEY C. DEMBOSKI 18. MOTHER'S NAME (First, Milddle, Meiden Surneme) STELLA KROPIELNICKI								
10	19a. INFORMANT'S NAME (Type/Print) Carrol L. Carpenter 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Route # 1 Box 255, Williamsport, Md. 21795								
	20a. METHOD OF DISPOSITION 1 Burlel 2 N Cremetion 3 Removal from State 4 Oonetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or Other place). Smithsburg Crematorium 20c. LOCATION - City or Town, State Smithsburg, Wash., Md.								
	22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, Inc. 40 E. Antietam St, Hagerstown, Md. 21740								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cerdiec or reapiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. Hute Myorania (NFAnction)								
ATION	Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): ACCUSE DUE TO (OR AS A CONSEQUENCE OF): ACCUSE DUE TO (OR AS A CONSEQUENCE OF): ACCUSE DUE TO (OR AS A CONSEQUENCE OF): ACCUSE DUE TO (OR AS A CONSEQUENCE OF): ACCUSE DUE TO (OR AS A CONSEQUENCE OF): ACCUSE DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): WE CAUMMATMY BOWER DISCOVER OF CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
BY PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Netural 5 Pending Investigation Investigation								
E	3 Suicide 8 Could not be building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
COMPLET	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE	296. SIGNER NUMBER 29G. LICENSE NUMBER 29G. DATE SIGNED (MONTH, Day, Year) > 6/23/90								
	30. NAME AND ADDRESS OF PERSON W/O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STEPHEN EMETERS MO 1825 Hawthe Note HAGEASTERN MI)								
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE JUN 25 90								

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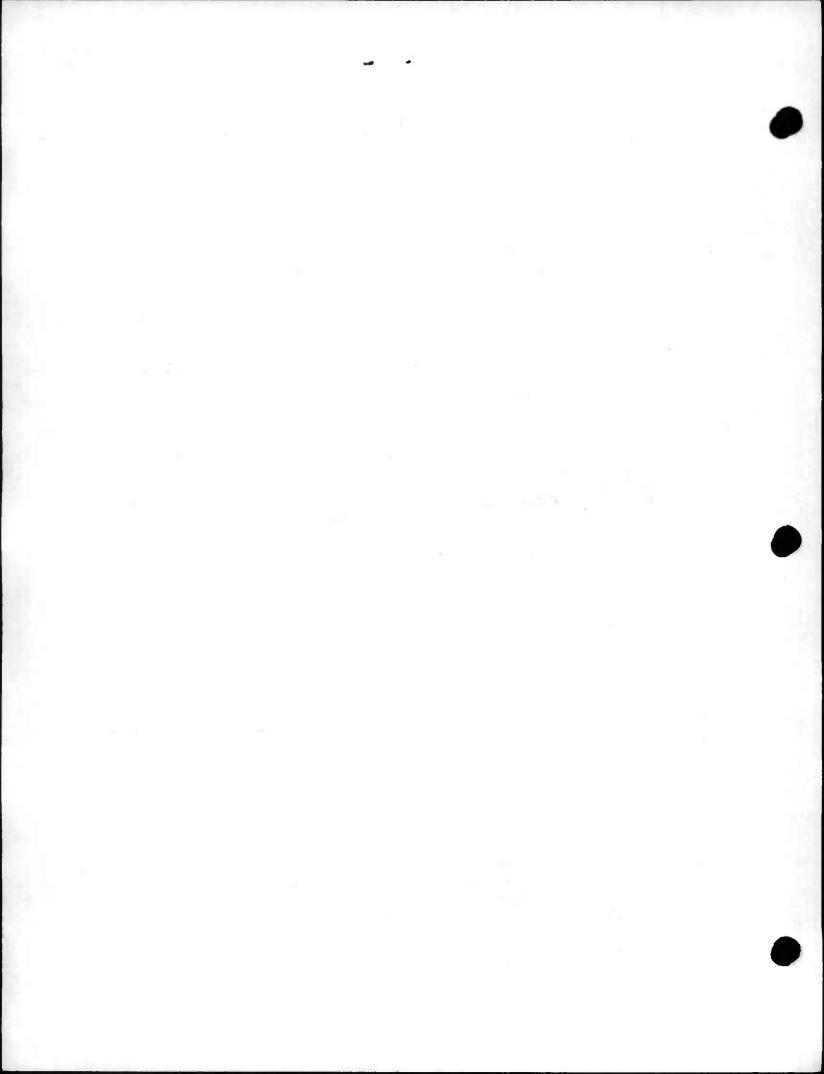
MASSYLVIA WAS A STATE OF THE ST

FOR STATE REGISTRAR

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	1 - STATE REGISTRAR		CERTIFI	CATE C	F DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Lest)	() (2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
	WIR		nmet, JI	r.		6	20 9	D 6:50 A	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8-	BIRTHPLACE (State or Foreign Country)	
	217-20-0328		4 YRS.	morrito DA	NIN.	11/25/	25	Maryland	
1	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOV	YN OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH	
E	Loch Raven V.A.M	.C.		Balt	imore		City	7	
DIR	Maryland Ha	rford		r, town or Lo Aberde				10d. INSIDE CITY LIMITS? 1 YES 2X NO	
	10e. STREET AND NUMBER			1	101, ZIP CODE		10g, CITIZE	N OF WHAT COUNTRY?	
NERAL	607 Beards H				21001		U.S.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nuldowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1\(\frac{1}{N}\) YES IF YES, GIVE WAR OR (WW II	2 NO	If yes	DECENDENT OF HISPAI s, specify Cuban, Maxica YES 2 NO Specif	n, Puarlo Rican, atc.)		I. RACE — American Indian, Black, White, atc. Specify: Vhite	
0	15. DECEDENT'S ED		16a. DECEDENT'S		ATION a most of working	16b, KIND OF BI	JSINESS/INDUS	ITRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechai	e retired.)	y most or working	Walte	r G. Co	oale	
once.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide.	n Sumame)		
7	Wiley M. Pl	ummer. Sr.				ie Parks			
fled a	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural		wn, State, Zip Co	ode)	
1 1	Pearl J. Plum	mer	60	7 Bear	ds Hill Ro	. Aberde	en. Md.	21001	
2	20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS		cemetery, crematory or			y or Town, State	
Sam	1XX Surial 2 ☐ Cremation 3 ☐ Real 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	other place)		1 Gardens			Maryland	
1	21. SIGNATURE OF PUNERAL SERVICE L		DOT 13	22. NAM	E AND ADDRESS OF FA	CILITY			
exami	· Bourn. (avec			rring-Carg erdeen, Ma				
any Injury, or other traumatic event, the medical examiner must be notified VICAL CERTIFICATION	ahock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A CAUSE (Static CahCer; Multi-organ failure Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
E 5	PART II. Other aignificant condition	ons contributing to death	but not requiting i	n the under	ving cause given in	Part I 24a MACA	N AUTOPSY	24b. WERE AUTOPSY FINDING	
ME	Fehal for Pulmohah	ymy cadae given in		PAMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
IAN IAN	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATH (C/	eck only one)			
SICI/	EXAMINER?	HOSPITAL: 1 Vinpatient 2 □ ER/Ou	Instinct 3 DOA	OTHER:	Homa 5 🗆 Residence	8 Other (Specify)			
rked, or Item 23 s PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED	
28 is marked, TED BY PH	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJUR	M 1 VES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route City or Town, State)						
item 2	000)	SICIAN: To the best of my kno						i. cause(a) and manner as stated.	
NE S	29b. SIGNATURE AND TITLE OF CERTIFI								
TO BE COM	Polect	fallonas MC)		MR638		29d. DATE S	SIGNED (Month, Day, Mear) 8 ZO 90	
F	30. NAME AND ADDRESS OF PERSON W	ablahavet, A	DEATH (ITEM 27) (7/90,		aven VA	H Ba	Himole	· mo	
3	31. DATE FILED More Town ther)	32. REGISTRAR'S SIG	avidson-Range	della					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21203-3146	The HOSTITAL RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medicai examiner must be notified at once.
NEDS, P.O. BOX 13146,	that the death certificate be executed within 22	ned by the attending physician and completely fi th and Mental Hygiene prior to bunal, cremation	any injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E HOSTITAL OR ATTENDING PHYSICIAN; The faw require	TO THE FUNERAL DIRECTOR; After this centificate has been signed by the attending physician and completely, filled in by the 1 be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

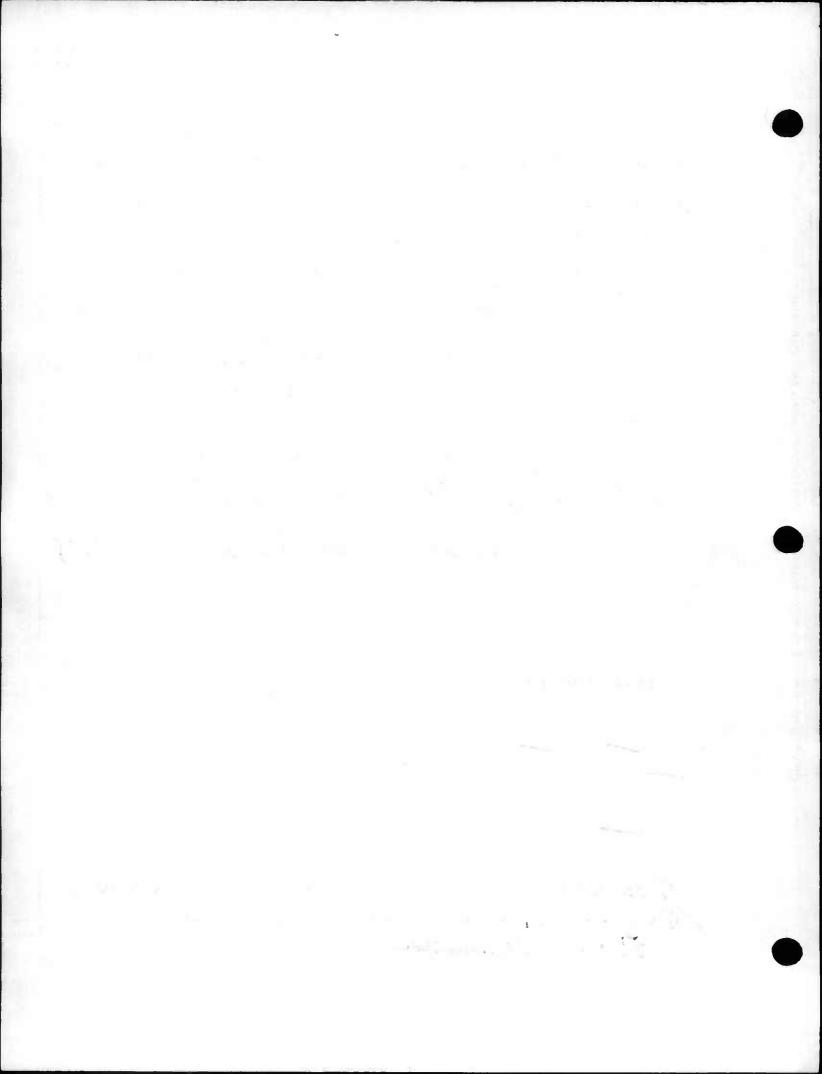
STATE OF MADVIAND / DEDADTMENT OF BEALTH AND MENTAL UNCLENE

	1 - STATE REGISTRAR	OINIE OF I	CE	RTIF	ICATE		DEAT		RENIAL I	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Hur		Pic	teti	<i>†</i> J	r.		2. DATE OF C	DEATH DA	Y Y	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-44-3657	5. SEX	s. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E	7-46		-	PLACE (State or Foreign Virginia
SR.		9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY O											
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT											11100	
DIRECTOR		e George		100	y, town o urel	OH LOCAT	ION						10d. INSIDE CITY LIMITS? 1 YES 2/ NO
FUNERAL	100. STREET AND NUMBER 15311 Bond Mill	Road				10f	2070		10g. CITIZEN OF V			VHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. AR YES 2 V			If yes, sp			, Puerto Ricar	Specify Yee or No— 14. RACE — American Indien, Black, White, etc. Specify: White			c, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade		16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of working	a	16b. KIN	D OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.) Night Captain					Gia	nt F	ood		la-i-ed
BE CON	17. FATHER'S NAME (First, Middle, Last) Ben Hur Pickett,	Sr.							ME (First, Middle a Leon			n	
TO B	190. INFORMANT'S NAME (Type/Print) Ellen Pickett		1	5311				or Rural F	oute Number, o	City or Town	n, State, Zi	p Code)	20707
	20y. METHOD OF DISPOSITION 1 Description 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE other pl	eca)			,,					City or To	wn, state e, Maryland
,	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		\	22.	NAME AN	ID ADDRES	S OF FAC	Fle	ck F	uner	al Ho	ome, Inc.
-	23. PART I. Enter the diseases, pr	enmolications the	t caused the de	ath On	_								Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one csu	use on each line	.					. 20 00, 0,0	S. 100p.	and y		Interval Batwaan Onset and Deeth
_	Due to (or as a consequence of): Meta static adenorarinoma to Brain												
SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	nicol .	Spir	Je	Suf	+ Tis	sue,	PSO	phace	v (
ERTIFIC	CAUSE (Disease or Injury that initieted events resulting in daeth) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
0	PART II. Other aignificent condition	na contributing to	desth but not	resulting	In the ur	nderlyln	g cause g	lven in	Part I. 24	. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL CERTIFICATION	Diabetes								1(PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ž				•									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	eck only one)				
IYSI	1 YES 2 NO 27. MANNER OF DEATN	1 Impatient 2	ER/Outpatient 3	DOA 28b. TIR	4 🗆 Nui			eldence	6 Other (Sp 28d. DESCRI		N H H I I I	~~!IDED	
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, L			JURY	WC	YES 2] NO	280. DESCRI	BE HOW I	NJUNY O	CORED	
	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE (building	OF INJURY — At he , etc. (Specify)	ome, ferm,	atreet, fac	tory, offic	•		281. LOCATIO City or R	ON (Street own, State)	end Numb	or or Rural	Route Number,
COMPLETED	CONSCIN ONLY	ER: On the best of											e) end manner ae atated.
BE C(296. SIGNATURE AND TITLE OF CERTIFIE	R	M				29c. LICE	ENSE NUM	ABER		29d. DA	TE SIGNED	(Month, Day, Year)
2	Ti M.	NO COMPLETED CAN	SE OF DEATH (ITE	M 27) (Type	, Print)		11/1	1 -	(707	,		0//3	2770
	31. DATE FILED (Manth, Day, Year)		AR'S SIGNATURE		16	we	16	17	307	6	740/	10/10	20/48
	DOM TO 20	jula varido	on-Randell	-									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Its after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed wirthin 72 hours after death with the State Dept. of Health and Menfal Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After thi	be filed within 72 hours after death wi	IMPORTANT: If item 28 is marke	

STATE OF MARYLAND / DEPARTMENT	OF HEALTH A	ND MENTAL	HYGIENE
CERTIFICATE	OF DEATI	H	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	MIRO I		ACEK		DATE OF DEATH DAY 6 16	90 YEAR	3. TIME OF DEATH A M		
	4. SOCIAL SECURITY NUMBER 216-44-9489	1 X M 2 □ F	(In yrs. lest birthday) 74 YRS.	Month, Day, Year) 3-11-1916						
DR		9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1.eland Memorial Hospital Prince George								
DIRECTOR	I.e.land Memoria RESIDENCE OF DECEDENT 100. STATE 10b. COUNT		10c. CIT	10d. INSIDE CITY						
L DIF	Maryland Princ	ce George	Cc	ollege Pa	rk ZIP CODE		YES 2 NO			
FUNERAL	10105 51st Ave.				20740		l States			
84	11. MARITAL STATUS 1 Never Merried Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 14\(\) YES 2 \(\) NO 11 \(\) YES 2 \(\) NO 1 \(\) YES 2 \(\) NO 1 \(\) YES 2 \(\) NO 1 \(\) YES 2 \(\) NO				ORIGIN? (Specify Yee Puarto Rican, atc.)	BI	ACE — American Indian, ack, White, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 Years	CATION o completed) College (1-4 or 5 +)	(Give kind of ille. Do NOT u	usual occupation work done during mose retired.)	st of working	16b. KINO OF BUS	siness/industry			
E COM	17. FATHER'S NAME (First, Middle, Lest) Zdenck Ptacek	ς				(First, Middle, Maiden : Brym		rvice		
TO BE	190. INFORMANT'S NAME (Type/Print) Myra M. Ptacek			ADDRESS (Street	nd Number or Rural Rou		n, State, Zip Code)			
	20a METHOD OF DISPOSITION 1A2 Burlat 2 Cremation 3 Rem	noval from State	b. PLACE OF DISPO	SITION (Name of ce			CATION — City or	The second second		
	21. SIGNATURE OF FUNERAL SERVICE LI		ndf	22. NAME A BOI	Cemetery NO ADDRESS OF FACIL GWARDT FU POWDER Mi	m neral Hom		e, Md. 20705		
	23. PART i. Enter the discesses, Dr shock, or heart fellure. IMMEDIATE CAUSE (Finel discesse or condition resulting in deeth)	List only one ceuse on	weeth line.	not enter the mo		e cerdiec or reepi		Approximete interval Between Onset and Deeth		
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN PERFORM 1 YES 2								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Check					
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, Tif	RE OF 28c. IN	NO 5 Residence 6	8d. DE\$CRIBE HOW II	NJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	IY At home, farm, ecify)	street, factory, offic	2	8t. LOCATION (Street e City or Town, State)	and Number or Rur	al Route Number,		
COMPLETED	dent.	SICIAN: To the best of my kno ER: On the basis of examinati						e(a) end menner se stated.		
TO BE	29h. SIGNATURE AND STILE OF CERTIFIE				1) 20 P	9/	29d. DATE SIGN	IED (Month, Day, Year)		
-	30. HAME AND ADDRESS OF PERSON WI	6525	SHIVATT	RY	Hya7101	116 M	d			
_	JUN 1 8 90	32. REGISTRAR'S SIG	NATURE TO THE	M.				DIMM 40 Page 4700		



DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
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	1. DECEDENT'S NAME (First		Pa	mer	PARI	7				2. DATE OF	DEATH	Y .	YEAR	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF			8. BIRTHP	LACE (State or Foreign
į	158-28-9319	9	1 M 2 TF	53	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.		036	Country)
1	9a. FACILITY NAME (If not h			9h CITY	/ TOWN	OR LOCATION	ON OF DE		19,1	936 New Jersey				
œ	Greater La	4-1	1000			OIL OI DE								
5	RESIDENCE OF DE		SICSVIIIE	Hosp1	tal	Lau	ure]	<u>L</u>				Pri	nce G	eorges
DIRECTOR	10a. STATE	10b. COUNTY	,		10c. CI1	ry, town (OR LOC	ATION						10d. INSIDE CITY LIMITS?
5	Maryland	Princ	e George	S	Box	wie								1 YES 2 NO
4	10e. STREET AND NUMBER				1 50		1	IOI. ZIP CODI	E			10g. CIT	IZEN OF W	HAT COUNTRY?
E	4118 Cross	wick T	Turn					20715					U.S.A	Α.
FUNERAL	11. MARITAL STATUS		12 WAS DECEDEN	T EVER IN U.S.	ARMED					IIC ORIGIN? (14. RACE	- American Indian, White, atc.
	1 Never Married 2 X		IF YES, GIVE V	YES 2	X			ES 2 🔯 NO		n, Puerto Rici ::	in, atc.)		Specify	
BY	3 Widowed 4 Div	orced						- 11						White
8	15. DEC (Specify on	EDENT'S EDU	CATION completed)	16a.	. DECEDENT'S	work done		TION nost of working	ng	16b. KI	ND OF BUS	SINESS/IN	DUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	· .	life. Do NOT u									
NP	12			H	omemal	ter					Ноп	ne		
COMPL	17. FATHER'S NAME (First, A							18. MOTI	HER'S NA	ME (First, Mide	dle, Maiden	Sumame)		
ш	Thomas P.								Dori	s Con	ger			
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	3 AOORES	S (Street	t and Number	r or Rural I	Route Number,	City or Tow	n, State, Zij	p Code)	
F	Morris Por			d)	4118	Cros	sswi	.ck Tu	ırn;E	owie,	Md.	2071	15	
	20a, METHOD OF DISPOSE 1XX Surial 2 Crement	non 3 🗆 Bem	ovel from State	20b. PLA	CE OF DISPO	SITION (N	ame of c	cemetery, cren	natory or		20c. LO	CATION —	City or Tov	vn, Stata
	4 Donation 5 Doth	r (Specify)	A		ngton	Nati	Lona	1 Cem	neter	У	Ar1:	ingto	n, V	a.
	21. SIGNATURE OF AMERI	SERVICE LIE	MANGEE /	0 -				ANO ADDRE				_~.		
	► /J	dui	mr	Tin										PELS, INC. d. 20852
	23. PART I. Shter the c	lineares, or o	complications the	at caused the	death. Do	not anter	r the m	D ROCK	Ing. suc	h as cardie	c or reepi	ratory er	rest.	Approximate
	shock, or h	leaft fallure.	Liat only one car	use on aech	line.								,	Interval Between
	iMMEDIATE CAUSE (Fi disease or condition	nal	D-		1	-	$\overline{}$	10.	0					Onset and Daath
	reaulting in death)	-	· Kes	DICE ICH AS A CON	UCD Y	1	Cll	140	6					SACHELLE
			DA	lha	SECOLETOF S	, A								2.1/2
CERTIFICATION	Sequantially list condi-		b DUE TO	COR AS A COM	NO MU	P)		,						Lwus
AT	if any, leading to imme cause. Enter UNDERLY		CIA	OR AS A COM	- 1	114	ale	DEH	Tic	100	1/10	11.16	4	Course
핕	CAUSE (Disease or Inj that initiated events	ury	DUE TO	(OR AS A CON	SEQUENCE (OF)	1	059	1.0	ne.	~ nc	re Co		Cycus
F	reculting in daeth) LAS	ST .	4											
	21 THE H CH . I WE												-	
MEDICAL	PART II. Other eignific	ant condition	e contributing to	death but n	ot raaulting	in the u	nderly	ing cause	givan in	Part I. 2	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ö			<u> </u>							1	YES 2	KNO		OF OEATH?
E I														1 TYES 2 NO
ÿ			-											
SICIAN:	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		PLACE OF D	DEATH (Ch	eck only one)				
YSI	1 TES 2 NO		1 Inpatient 2	ER/Outpatier	t 3 🗆 DOA			ome 5 🗆 Re	esidence	8 🗆 Other (S	Specify)			
PHY	27. MANNER OF DEATH	D #	28a. DATE Of (Month, I		28b. TII	JURY	٧	NJURY AT WORK?		28d. DEŞCF	RIBE HOW I	NJURY OC	CURED	
B	1 Natural 5 2 Accident	Pending investigation				М	1 [YES 2	NO					
		Could not be	28e. PLACE (building	of INJURY — A atc. (Specify)	it home, ferm,	street, fac	tory, of	fica		28f. LOCATI City or	ON (Street : Town, State)	and Numbe	or Rural R	oute Number,
	4 Homicide	determined												
COMPLETE	29a. CERTIFIER	TIFYING PHYS	ICIAN: To the best o	f my knowledge	e, death occur	red at the	time, da	ata and place	a, and due	to the cause	(a) and ma	nner aa sta	nted.	
OM		EXAMINE	R: On the beels of a	xamination and	d/or investigat	lon, In my	opinion	, death occu	red at the	time, data an	d placa, ar	d dua to t	the cause(a)	and manner as stated.
	SUSTINATURE AND THE	OF CERTIFIE	R					29c, LIC	ENSE NUI	WBER		29d. DA	TE SIGNED	(Month, Q6y, Year)
BE	W // N	belle	iel	40				DO	187	54		•	6/1	6/90
2	30. HAME AND ADDRESS O	F PERSON M	O COMPLETED CAL	SE OF OEATH	(ITEM 27) (Typ	e, Print)		INV	VI.				4	10
	7525 GV	eculo	MY CEL	iter 1	Viup	. (0	ner	adop	T	MD		207	770)
	31. DATE FILED (Month, Day		/ 3a. REGISTR	AR'S SIGNATUR	RE									
		40	Guna Da	vidson-A	ando PC									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

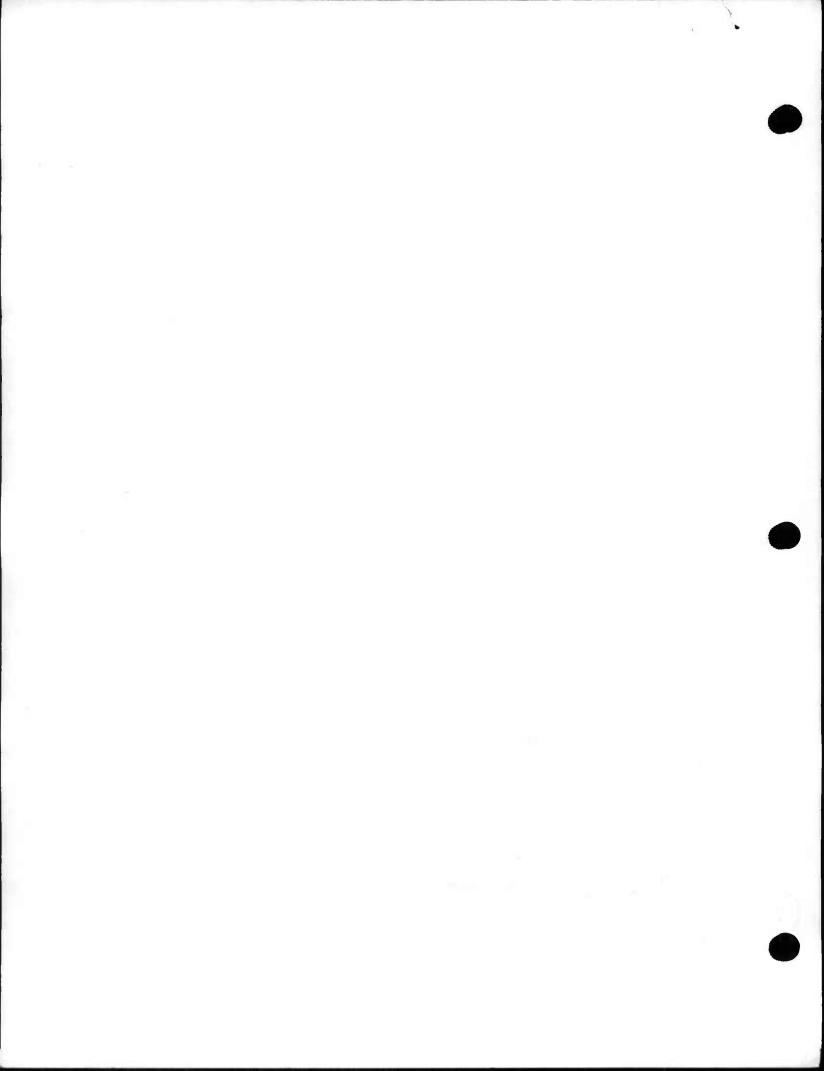
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

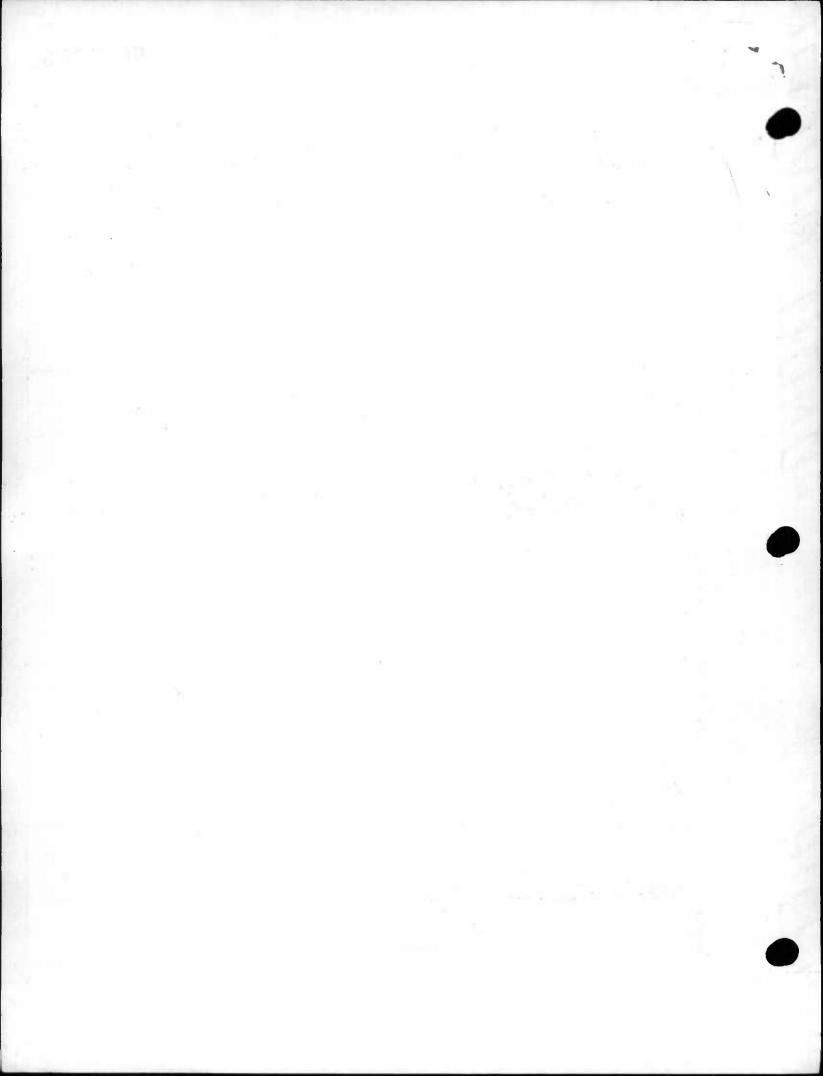
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M	MARYLAND / CE			OF DEATH	MENTA	REG. NO.	70	-15	1438
	1. DECEDENT'S NAME (First, Middle, Last)						2, DATE	OF DEATH		RA	TIME OF DEATH
	STEVAN		JEROME			WELL	6	16	1990		1:35P M
1	4. SOCIAL SECURITY NUMBER 579-70-1114	5. SEX 1∑XM 2 ☐ F	6. AGE (In yrs. lest	YRS.	IF UNDER 1 YE.		1-24	of BIRTH h, Day, Year) 1-53		Country)	NGTON, D.C.
	9a. FACILITY NAME (If not institution, give st	treet and number)	_	9		WN OR LOCATION OF	DEATH		9c. COUNTY	OF DEAT	1
5	Suburban Hosp	ital			В	ethesda			Montg	ome	rу
DIRECTOR	10a, STATE 10b, COUNTY	r		10c. CITY,	TOWN OR LO	ELINGTON, I).C.				I. INSIDE CITY LIMITS? Ž YES 2 \(\bar{\text{\tint{\text{\tin\text{\texi{\text{\texi}\text{\texi{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi\tiexi{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\tex
3AL D	10a. STREET AND NUMBER					10f. ZIP CODE 200)19		10g. CITIZEN		
E I	116 SYCAMORE RO	AD, N.E.	T = 150 111 110 110		1			10 10 - H M			
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 N		If yes	DECENDENT OF HISP s, specify Cuban, Maxi YES 2 X NO Spe	can, Puarto		DF NO.		American Indian, hita, atc. BLACK
	15. DECEDENT'S EDU	CATION	18a. DE	CEDENT'S U	SUAL OCCU	PATION	161	, KIND OF BUS	NESS/INDUS	TRY	
COMPLETED	(Specify only highest grade	College (1-4 or 5 +	DF	RUG CC	DUNSEI	g most of working OR		COUNSE	LING		
NO.	12th grade 17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	AME (First,	Middle, Maiden	Surname)		
BE C	UNKNOWN					JANICI	E POWI	ELL			
TO B	19a. INFORMANT'S NAME (Type/Print) THEODORE POWELL		23	300 GC	OD HO	PE ROAD,	S.E.	WASHI	NGTON	, D.	C. 20020
	20a. METHOD OF OISPOSITION 1XD Quriet 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	ioval from State	20b. PLACE HARM	OF DISPOSIT	MORIA	of cometery, cremetory of CEMETE	ŔΥ	LANI	OVER,	or Town, MAR	State YLAND
	21. SIGNATURE OF FUNERIAL SERVICE	CENSEE	7		22. FRA	TALINS ESFUI	VERAL.	HOME.	INC.		
	Pol	year	2			339 HUNT 1				D.C	. 20019
	23. PART I. Enter the diseases, of shock, or heart failure.				t enter the	mode of dying, a	ich aa car	diac or raaple	ratory arrea	t,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel										Onset and Death
	disease or condition resulting in death)		Gunshot OR AS A CONSE			of chest	_				
-	_		(OII AO A CONCE	DOLINGE OF J.	,						į
	Sequentielly list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF)							
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	C	OR AS A CONSE	OUENCE OF							
CERTIFICATION	that initiated events resulting in death) LAST	DUE 10	(On AS A CONSEC	DUENCE OF							
$\overline{\mathbf{m}}$					j.						
		d									
	PART II. Other algorificant condition	dna contributing to	death but not r	resulting in		rlying cause given	In Part I.	24a. WAS AN PERFOR	MED?	AV CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE FREATIVE
	PART II. Other algorificant condition	na contributing to	death but not r	resulting in		riying cause given	In Part I.		MED?	AV CC	AILABLE PRIOR TO
	PART II. Other algorificant condition	dna contributing to	death but not r	resulting in		riying cause given	in Part I.	PERFOR	MED?	AV CC	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	death but not r		n the under	riying cause given		PERFOR	MED?	AV CC	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 ☐ NO	HOSPITAL:	XER/Outpatient 3	3 DDA	OTHER:	26. PLACE OF DEATH	Check only o	PERFOR 1 X X ES 2 one)	MED?	AW CC DI	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 ☐ NO 27. MANNER OF DEATH 1 ☐ Natural 5 ☐ Pending	HOSPITAL: 1 Inpetient 2 2 28a. DATE OF	XER/Outpatient 3 F INJURY Day, Year)	3 DDA	OTHER:	26. PLACE OF DEATH	Check only o	PERFOR	MED? NO	AW CC DI	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28a. DATE 06 6 - 1 28e. PLACE 0	XER/Outpetlent 3 F INJURY Day, Year) 6 — 9 0 OF INJURY — At ho	3 DDA 286. TIME INJU	OTHER: 4 Nursing	26. PLACE OF DEATH Home 5 Residence INJURY AT WORK? YES 2 NO	Check only o	PERFORM 1 X X ES 2 In (Specify) ESCRIBE HOW I	MED? NO NJURY OCCUP Shot	AW CC DI	AILABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 □ Inpattent 2 28a. DATE OF (Month, L 6 − 1 28a. PLACE C building,	XER/Outpetlent 3 F INJURY Doy, Year) 6 — 9 0 OF INJURY — At ho, etc. (Specify)	3 DDA 286. TIME INJU	OTHER: 4 Nursing	26. PLACE OF DEATH Home 5 Residence INJURY AT WORK? YES 2 NO	Check only of the 6 Oth 28d, Df Su 26f, LO	PERFOR 1 X X ES 2 Nor (Specify) ESCRIBE HOW I D ject CATION (Street is yor Rown, State)	MED? NO NJURY OCCUP Shot and Number or	AVCC DI 1	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER	HOSPITAL: 1 Inpattent 2: 28a. DATE OF (Month, E G - 1) 28a. PLACE C building, Str	XER/Outpatient 3 FINJURY Day, Year) 6 — 9 0 DFINJURY — At ho, etc. (Specify) C E C L	29b. TIME INJU 1 2 ° C	OTHER: 4 Nursing BY 1 1 20	26. PLACE OF DEATH Home 5 Residence INJURY AT WORK? YES 2 NO	Check only of the 6 Other 28d. Di Su	PERFORM 1 X X ES 2 Net (Specify) ESCRIBE HOW I D ject CATION (Street is yor Kown, State) 1 O Wis	MED? NO NJURY OCCUS Shot and Number or	AM CCC DI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALLABLE PRIOR TO MPLETION OF CAUSE DEATHY YES 2 \cap NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident Investigation 3 Suicide 6 Could not be datarmined	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, L. 6-1 28e. PLACE C building, Str	©XER/Outpatient 3 FINJURY Day, Year) 6 — 9 0 OF INJURY — At ho e t of my knowledge, de	28b. TIME INJU 1 2 : 5 oma, farm, et	OTHER: 4 Nursing OF 28 May 1 Treet, factory,	26. PLACE OF DEATH Home 5 Residence. INJURY AT WORK? YES 2 NO office	Check only of the Check only only only only only only only only	PERFORM 1 X X ES 2 Net (Specify) ESCRIBE HOW I D ject CATION (Street is yor Rown, State) 1 0 Wis	MED? NO NJURY OCCUS Shot and Number or SCONS There as stated.	AMCCC DI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MALBLE PRIOR TO MOPLETION OF CAUSE DEATH? YES 2 NO NO Number, AVE
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 I 28a. DATE OF (Month, L 6 - 1 28a. PLACE C building, Str. SICIAN: To the best of each of the basis of the basis of each of the basis of the basis of ea	©XER/Outpatient 3 FINJURY Day, Year) 6 — 9 0 OF INJURY — At ho e t of my knowledge, de	28b. TIME INJU 1 2 : 5 oma, farm, et	OTHER: 4 Nursing BY 15 5 1 Treet, factory, d at the time	26. PLACE OF DEATH Home 5 Residence. INJURY AT WORK? YES 2 NO office	Check only of the Country of the Cou	PERFORM 1 X X ES 2 Net (Specify) ESCRIBE HOW I D ject CATION (Street is yor Rown, State) 1 0 Wis	MED? NO NJURY OCCUP Shot and Number or SCONS oner as stated. d due to the of	RED Rural Rouring Mon Research	MALBLE PRIOR TO MOPLETION OF CAUSE DEATH? YES 2 NO NO Number, AVE
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 I 28a. DATE OF (Month, L 6 - 1 28a. PLACE C building, Str. SICIAN: To the best of each of the basis of a size o	©XER/Outpatient 3 FINJURY Day, Year) 6 — 9 0 OF INJURY — At ho e t of my knowledge, de	28b. TIME INJU 1 2 : 5 oma, farm, et	OTHER: 4 Nursing BY 15 5 1 Treet, factory, d at the time	28. PLACE OF DEATH Home	Check only of the Country of the Cou	PERFORM 1 X X ES 2 Net (Specify) ESCRIBE HOW I D ject CATION (Street is yor Rown, State) 1 0 Wis	NJURY OCCUP Shot and Number or SCONS ener as stated. d dua to the co	RED Rural Rouring Mon Research	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO No Number, A V C 1 t . C O . , M and manner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, E of Land) 28b. PLACE C building, Str SICIAN: To the best of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of centre of the basic of the	XER/Outpatient 3 FINJURY Day, Year) 6 — 9 () OF INJURY — At ho, etc. (Specify) e e t of my knowledge, de examination and/or	DDA 28b. TIME INJU 12 : 5 Doma, farm, st esth occurred investigation	OTHER: 4 Nursing OF 28 15 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28. PLACE OF DEATH Home	Check only of the Control of the Con	PERFOR 1 X X ES 2 Ner (Specify) ESCRIBE HOW I D ject CATION (Street is or Town, State) 1 0 Wis ause(a) and mail	Shot and Number or SCONS oner as stated. d dua to the co	RED Rural Rouri Mo I cause(a) a	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NO Number, AVE 1 t. Co., M. and manner as stated.



that the death certificate be executed within 25 fours after death. Page 6 may be retained by the hosp	ed by the attending physician and completely filled in by the funeral director, page 5 should be detache h and Mental Hygiene prior to burial, cremation, or removal.	any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7 nours after death. Page 6 may be retained by the host	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF						YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last Rachel Rebecc							2. DATE OF C		1990	WEAR	3. TIME OF DEATH 7:45 P. M
	4. SOCIAL SECURITY NUMBER 168-20-1931	5. SEX 6. AG	E (In yrs. lest birthday) 80 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HOURS	HRS.	7. DATE OF B			Country)	Mills, Md
TOR	Section of Section of											
DIRECTOR	10a. STATE 10b. COUN	Cecil	10e. CIT	10c. CITY, TOWN OR LOCATION Elkton							10d. INSIDE CITY LIMITS? 1, XYES 2 NO	
FUNERAL	100. STREET AND NUMBER 528 Red Hill	528 Red Hill Road					2192	21		10g. CITIZI		S.A.
B⊀	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 3UFUNO	1	f yes, sp	city Cuban, I		C ORIGIN? (S _i , Puerto Ricen		or No—	Black,	- American Indian, White, etc. White
COMPLETED	15. DÉCEDENT'S ED (Specify only highest grai Elementary/Secondary (0-12)	18a, DECEDENT'S (Give kind of ville, Do NOT us Homen	work done one retired.)	during mo	N st of working		16b. KIN		ness/indu			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Michael Lawrence Peterson 16. MOTHER'S NAME (First, Middle, Meiden Surname) Ella Reynolds											
2	19a. INFORMANT'S NAME (Type/Print) Lorette M. Mo	litor	19b. MAILING 528	Red	Hi Hi	11 Ro	Rural Ro	Elkt	on,	Md.	219	
	20a. METHOD OF DISPOSITION Surface 2 Cremation 3 Ra 4 Donalion 5 Other (Specify)	movel from State	other place)			emete				ation – c		
	21. SIGNATURE OF PUNCTULE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gee Funeral Home E; lton, Md. 21921											
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	bDUE TO (OR A	OMA OF DA S A CONSEQUENCE O S A CONSEQUENCE O	F):	eas							Onset and Deeth
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	one contributing to death	but not resulting	in the un	iderlyin	g cause giv	ven in I		YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	4 T DOA	OTHER	R :	ACE OF DEA						
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJUF (Month, Day, Yea	Y 28b. TW	IE OF JURY M	28c. IN. WC	URY AT IRK? YES 2 🗌		8 Other (Sp 28d. DE\$CRII	BE HOW IN			
	3 Suicide 6 Could not b 4 Homicide detarmined	28e. PLACE OF INJL building, atc. (S	IRY — At home, farm, pecify)	street, fact	lory, offic	•		28f. LOCATIO City or To	N (Street ar wn, State)	nd Number (or Rural R	oute Number,
COMPLETED	one)	SICIAN: To the best of my kr										and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIF	7	7			29c. LICEN					signed 6/18	(Month, Day, Year) /90
	Thomas E. Finus 31. Date Filed (Month, Day, Year)	an, Jr., M	721	3rido	je S	treet		Elkto	n, Mo	1. 21	921	
	JUN 1 8 '90	gicha David	GNATURE SON HANDER									OHMH-16 Rev 1/89



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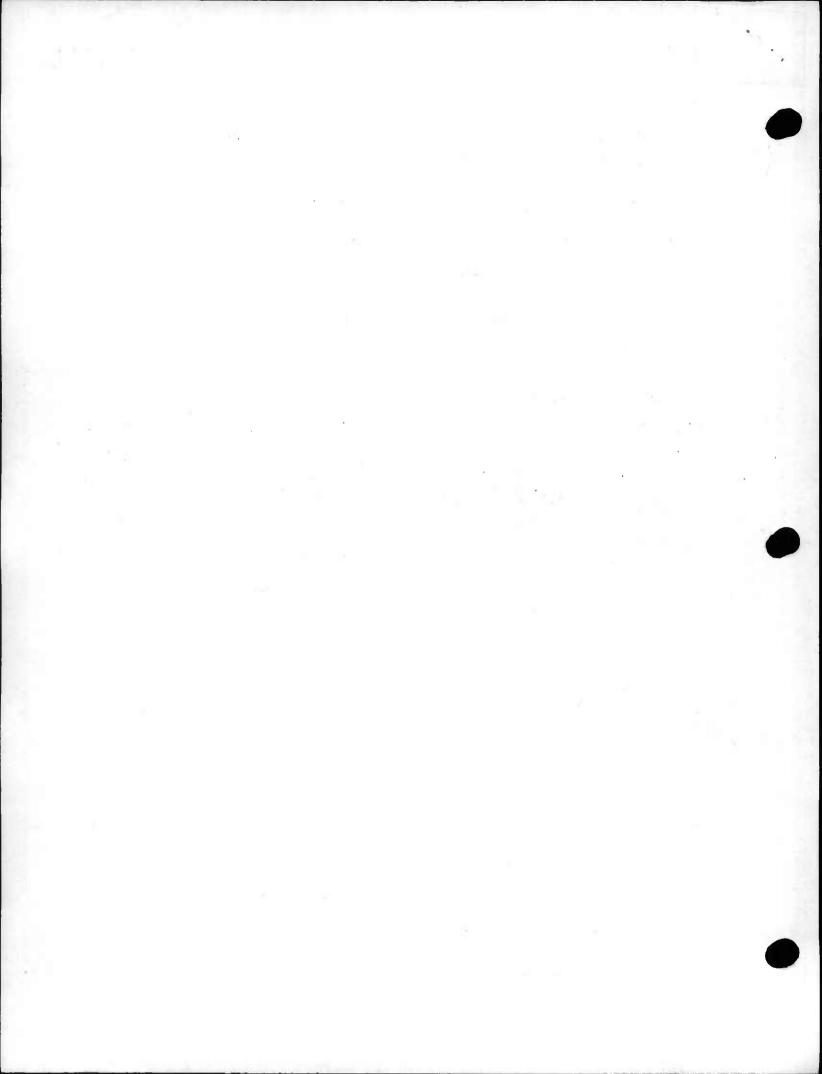
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NO.
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	CONTRACTOR STREET, DESCRIPTION TO The last season of the death confidence he exercised within

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1990 2 AM Thelma Leona Peters 94 June 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 234-54-0864 77 MONTHS DAYS HOURE 1 | M 2 | XF VDC Troy, W. Va. 07/09/12 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH DIRECTOR 289 Chandlee Road Rural Calvert Cecil RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION ION COUNTY 10d. INSIDE CITY Maryland Rural Calvert Cecil. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 289 Chandlee Rd , Rising Sun , Md 21911 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 NO Specify: BY Specific 3 🖺 Widowed 4 🗌 Divorced no white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Domestic 8 Homemaker 16. MOTHER'S NAME (First, Middle, Malden Surname) 17. FATHER'S NAME (First, Middle, Last) Bannie Wilson alter B. Sleeth 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 104 Kirk Rd. Perryville, Md. 21903 lice M. Knisely 20e. METHOD OF DISPOSITION

1 Suriel 2 Cremetion 3 Removel from State
4 Donellon 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town, State Carter Cemetery Vadis, W. Va. 21, SIGNATURE OF SAMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 259 E. Main St., Gee Funeral Home Elkton, Md. 21921 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reapiratory arrest, abook, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel diseese or condition 10-15 yrs Coronary Artery disease
Coronary Artery disease
Coronary Artery disease CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE ALITOPSY FINDINGS MEDICAL 24s. WAS AN AUTOPSY PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Sudden death syndrome 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27, MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Obeyelan D0712 wellose m D 6/16/90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Wallace Obenshain M D Cecilto
32. REGISTRAR'S SIGNATURE Cecilton. Md. 21913 JUN 1 8 '90

Silia Davidson Pandall



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

221-38-9938

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZATIOUTS after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. June 11, 1990 DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 9:40pm William Edwin Pierce III Jan 31,1955 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) HOURS 1 M 2 - F MD 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Kent & Queen Anne's County Hospital Kent Chestertown

DIMEC	10a. STATE	10b. COUNTY			1-15	OWN OR LOC						10d. INSIDE CITY LIMITS?	
	MD	Quee	een Anne's Sudlersville									1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					1	OI, ZIP CODE			10g. CIT		HAT COUNTRY?	
	Box 118	Main S				\perp	21668		USA			A	
BY FU	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EV FORCES? 1 V IF YES, GIVE WAR	YES 2	ARMED NO	It yes, a	CENDENT OF HISPAI pecify Cuban, Maxica S 2 NO Specif	in, Puarto	erto Rican, atc.) Black, W Specify:		- American Indian, White, atc. White		
- 11		EDENT'S EDUC		16a. C	DECEDENT'S US	UAL OCCUPAT	ION	168	. KIND OF BUS	INESS/IN	DUSTRY	WILLOG	
	(Specify oni	ly highest grade 0-12)	College (1-4 or 5+)		(Give kind of worl ife. Do NOT use n	etired.)					_		
COMPLEIED	12 1 Fence Erector Pierce Fence Com							pany					
3	17. FATHER'S NAME (First, M		***				16. MOTHER'S NA			Sumame)			
	William Edv		rce, JR				Ruth A						
5	19a, INFORMANT'S NAME (and Number or Rural			n, State, Zi 368	p Code)		
-	Ruth Ann Re						llersvill	e, M	7				
	20a METHOD OF DISPOSIT 1 A Burial 2 Crematic 4 Donation 5 Other		oval from State	20b. PLAC other	PLACE OF DISPOSITION (Name of commency, crematory or other place) Sudlersville Cemetery					City or Tow SVIll			
į	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				WS Funer		ama				
	* Hary	187	ellows				. Cypres			ling	ton M	D 21651	
	IMMEDIATE CAUSE (FI	eert fellure. I	omplications that ce let only one ceuse									Approximete Interval Between Onset and Death	
	disease or condition reaulting in death)	oue to (or as a consequence of):											
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST												
MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIDATO COMPLETION OF CAUSE OF GEATH? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDATO COMPLETION OF CAUSE OF GEATH?												
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CIAN	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:				PLACE OF DEATH (C)	heck only o	ne)				
HYSIC	1 YES 2 NO		1 Inpetient 2 EF	VOutpatient		THER:	me 5 🗆 Residence	6 🗆 Oth	er (Specify)				
H PH	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28s. OATE OF INJ (Month, Day,)		28b. TIME (Y 1	NJURY AT YORK? YES 2 NO	28d. OE	SCRIBE HOW I	NJURY O	CCUREO		
ED	A A C C C C C C C C	Could not be determined	28s. PLACE OF IN building, stc.	IJURY — At (Specify)	home, term, atre	et, factory, of	Ice		CATION (Street or Town, State)		er or Rural R	oute Number,	
COMPLE	29s. CERTIFIER (Check only one) 29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									and manner as stated.			
	29b. SIGNATURE AND TITLE	E OF CERTIFIEF	1				29c. LICENSE NU	MBER		29d, DA	TE SIGNED	(Month, Day, Year)	
NE NE	July	C. Se	a - mi	er			10134	24		> 2	6-18	90	
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUSE	OF DEATH (F	TEM 27) (Type, P	int)							
	John C.	. Seymo	ur, M.D.			Medic	al Bldg.	,Che	sterto	m,M	216	20	
0	JUN 19 9		92. REGISTRAR'S	SIGNATURE JOYN-ROA	ndell								
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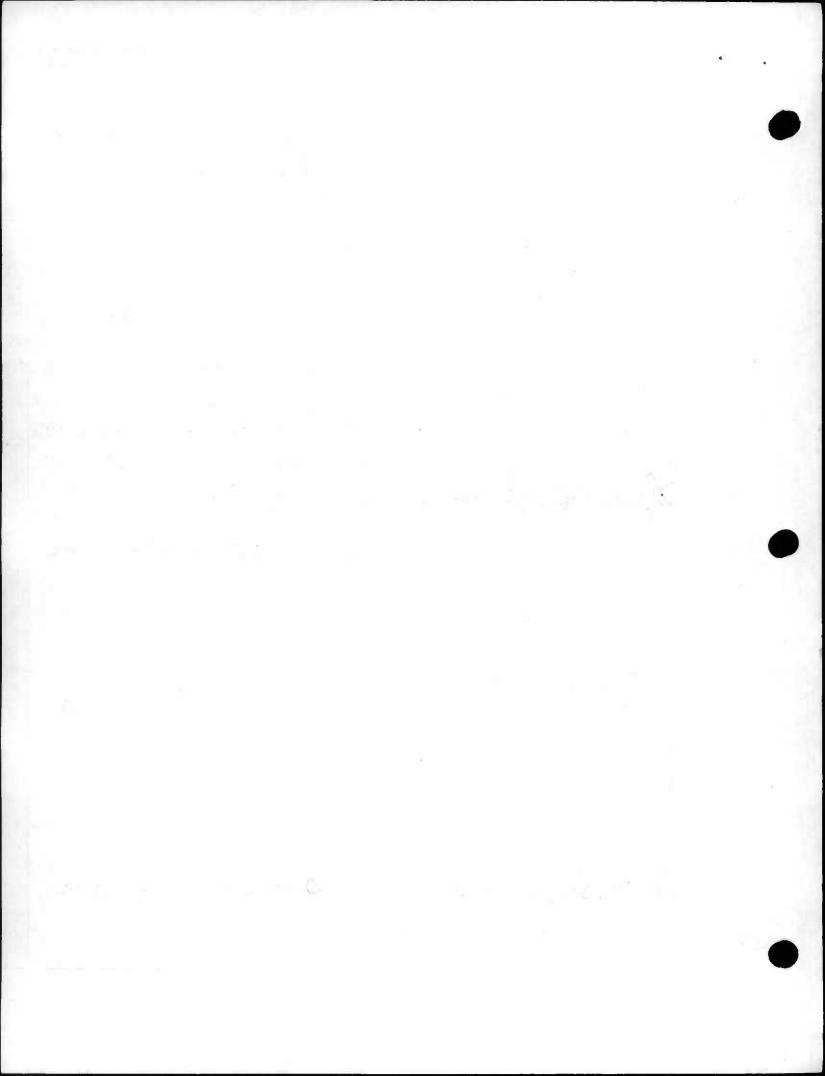
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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INDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendi	S	He	to marked or them 22 above any lating or other trainfile avent the medical evaniner must be notified of another
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H			GIENE I. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		TIME OF DEATH	
MARTIN	ALLEN	QUAD	E, JR.		JUNE 19	9,1990	YEAR	4:21 A, M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	TH (bar)	8. BIRTHPLA	ACE (State or Foreign	
219-30-6204		8 YRS.	MONTHS DATE	NOUNS MIN.	AUG. 10), 1931	MARY	TAND	
9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOCATION O			9c. COUN	TY OF DEAT	OF DEATH	
ST. MARY'S HOSPI	TAL		LEONARDTOWN ST. MARY'S						
10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT	ION			10	d. INSIDE CITY LIMITS?	
MARYLAND ST. 100. STREET AND NUMBER	MARY'S	<u> M</u>	ECHANIC:	SVILLE ZIP CODE		10g, CITIZ		YES 2X NO	
3485 MORGANZA-TU	RNER ROAD		20	0659			S.A.		
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ENDENT OF HISPAI			14. RACE —	American Indian, /hlta, etc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specif		IC.)	Specify:		
15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S U	IELIAL OCCUPATIO	A44	401 VIND	OF BUSINESS/INDU	WHIT	E	
(Specify only highest grad	le completed)	(Give kind of wo	ork done durina mo:	st of working	ISO, KIND	DE BUSINESS/INDE	SINT		
8TH GRADE	College (1-4 or 5+)	FIREMAN			U.S	GOVER	NMENT	1	
17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NA	ME (First, Middle, I				
MARTIN ALLEN QUA	DE, SR.			MARGAR	ET ELIZZ	ABETH QU	ADE		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City	or Town, State, Zip	Code)		
NANCY I. QUADE		3485 M	ORGANZA	-TURNER	ROAD, M	ECHANICS	VILLE	, MD 20659	
20a METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	other pisce) CHARLES				OC. LOCATION — C		, State MARYLAND	
21. SIGNATURE OF FUNERAL SERVICE L	ICENS##	CIMILID.	22. NAME AN	ID ADDRESS OF FA	CILITY				
mild	241)		NGLEY-GA					
23. PART & Enter the diseases, or	complications that save	ed the death Do or						ND 20650	
ehock, or heert fellure.	. List only one ceuse on	each line.						Approximata interval Between	
IMMEDIATE CAUSE (Finel disease or condition	Pasi	roble t	y coc.	1.0 d. v	11 70	BARCT	To all	Onset and Death	
reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	7VC C177		7 7 7	10.0	1,40	
	b.								
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
CAUSE (Disease or injury	C. DUE TO (OD AC	A CONSEQUENCE OF						-	
that initiated events reaulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
	d								
PART II. Other algnificent condition	ne contributing to death	but not reaulting in	n the underlying	g cause given in	Part I. 24s. V	AS AN AUTOPSY ERFORMED?		ERE AUTOPSY FINDINGS MALABLE PRIOR TO	
DiAbe	Tes Me	LLIIV	2			YES 2 NO	C	OMPLETION OF CAUSE F DEATH?	
Hypei	Tes Me 2 Ten Si	or					1	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	neck only one)				
1/1 YES 2 NO	1 Inpetient 2 ER/Ou	ripetient 3 DOA	4 - Nursing Hom	e 5 🗆 Residence					
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		JRY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCC	URED		
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, ferm, at	1.0		2ef. LOCATION	Street and Number	or Rumi Bou	te Number	
4 Homicide 8 Could not be detarmined	building, etc. (Sp	pecify)	,		City or Town	, State)	0. 1.0.0		
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my kno	owledge, death occurre	d at the lime, date	and place, and due	to the cause(s) a	nd manner as state	d.		
(Gridon Grid)	IER: On the basis of examinat							nd manner as stated.	
296. SIGNATURE AND TITLE OF CORTIFIE	ER ,			29c. LICENSE NU	MBER	29d. DATE	SIGNED (M	lonth, Day, Year)	
Wm Bm	1 tom/)		13.14	285	> 0	-/1	9/90-	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)				,		
WILLIAM C. BOY	D, III, LEC	DNARDTOWN,	MARYLA	ND 20650)				
31. DATE FILED (Month Day Year)	Julia David	ON CONTRACTOR							

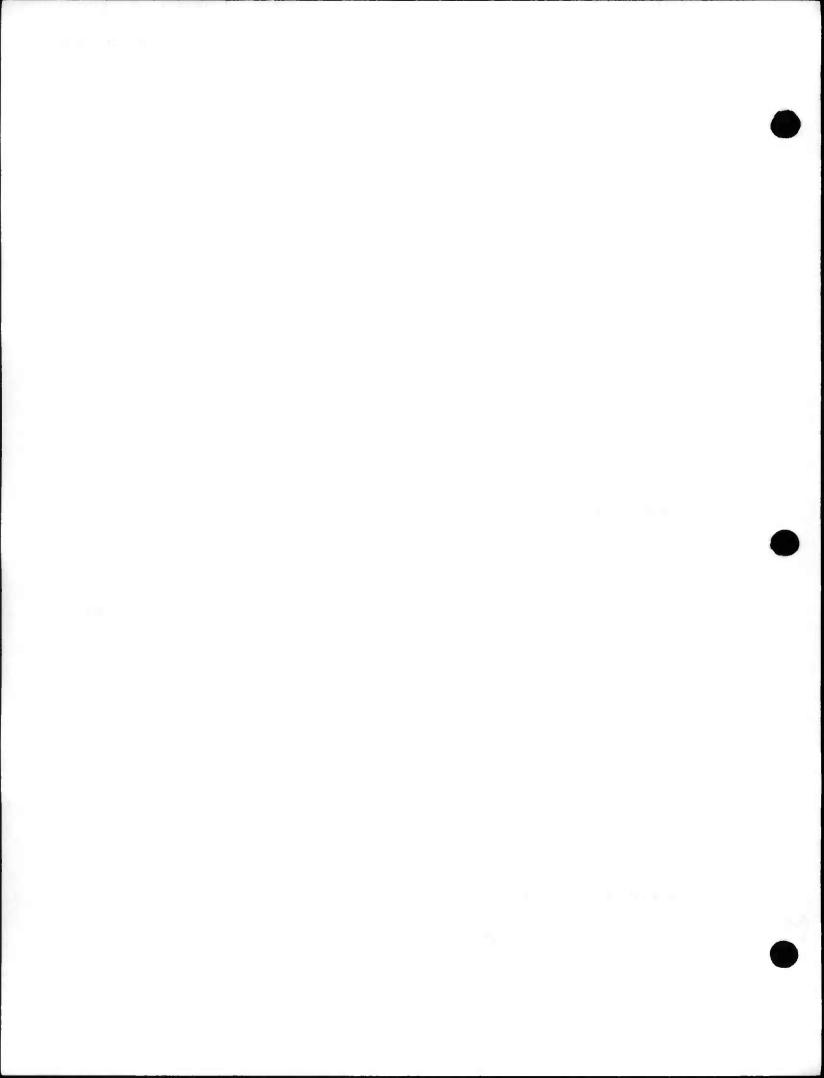


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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet within 72 hours after death with the State Dent of Health and Mental Horitege prior to burial, cret
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STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		REG. NO.

		FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIEN			
		1. OECEOENT'S NAME (First, Middle, Last John Allen Ro		5			2. DATE OF OEATH	t* 90°	3. TIME OF OEATH 8:20PM M	
		4. SOCIAL SECURITY NUMBER 579-46-3705	1	53 YRS. WO	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/15/36	Ĺ	BIRTHPLACE (State or Foreign Jountry) LOUISANA	
	TOR	99. FACILITY NAME (If not institution, give 8821 Candinal Correspondence of Decement		96	Laure	PR LOCATION OF OR	ATH	HOW &		
	DIRECTOR	10a. STATE 10b. COUN	Howard	(-0)	urel	ION			10d. INSIDE CITY LIMITS? 1 YES 2 A NO	
46 physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER 8821 Cardinal Co	ourt	,	101.	20723			of WHAT COUNTRY? ed States	
BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-tran moval.	B₹	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 NO	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — Americen Indien, Black, White, etc. Specify:	
21203-3146 tal or attending phys for use as the buri	D BE COMPLETED	15. DECEOENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo:	ON st of working	16b. KINO OF BU	ISINESS/INOUST	RY	
AND 2 the hospital detached fi		12 17. FATHER'S NAME (First, Middle, Last)	4	Vice	Preside		Resear ME (First, Middle, Maiden		evelopment	
MARYLAND e retained by the hosp 5 should be detached		John A. Rosado		196. MAILING AD	DRESS (Street a	Fay Da	ANCEY Route Number, City or Tov	vn, State, Zip Coo	de)	
E, MA ay be reta page 5 sh	5	Mary Louise Rosa	20	Db. PLACE OF DISPOSITION	N (Name of cen	netery, crematory or	Laurel, M	D 2072		
BALTIMORE, er death. Page 6 may I the funeral director, pag rai.		1 Buriel 2 Commetion 3 Re 4 Donation 5 Other (Specify)	moval from State	Balt. Wash	Crema	atory	La	urel, i	Maryland	
BALTIM ter death. Pag the funeral di wal.	0	2005	Lels	lass	7601	Sandy Sp	THome Incoring Rd.	Laurel,		
D. BOX 13146, the certificate be executed within 2- nours anding physician and completely filled in I Hygiene prior to burial, cremation, or request outlest traumatic event, the median of other traumatic event, the median	CERTIFICATION	23. PART I. Entar the diseases, o shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Metastatic DUE TO (OR AS Cutaneous DUE TO (OR AS	each line. Melanoma A CONSEQUENCE OF:	enter the mo	de of dying, suc	h es cardiec or resp	iratory errest	Approximate Interval Between Onset and Death Jacobs Lypers	
IECORE requires that sen signed by of Health an	MEDICAL	PART II. Other significant condition	ons contributing to death	but not resulting in t	he underlying	g cause given in		RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
TAL The law ate has ate Depr	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Ch				
OF V PHYSICIAL this certifical with the	BY PHYS	1 YES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	7 28b. TIME 0	F 28c. INJ	URY AT HRK? YES 2 NO	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	EO	
ISIO VITENOI CTOR: A after do	G	3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, stre pecify)	et, factory, office 281. LOCATION (S City or Town,			reet end Number or Rural Route Number, itate)		
DIV OSPITAL OR A INERAL DIREC Ithin 72 hours INT: If Item	COMPLET		rSICIAN: To the best of my kno NER: On the basis of examinat						suse(e) and menner se stated.	
TO THE HOSPITAL (TO THE FUNERAL D be filed within 72 h	TO BE (29b. SIGNATURE AND TITLE OF CERTIF	P. On-	Juice DEATH OTEM 27 (160 Pr	He D	D168			GNEO (Month, Day, Year) -15-90	
(24)		William P. McG	uire, M.D. 6	00 N. Wolf		Baltimo	re, MD 21	1205		
		JUN 19 '90	32 REGISTRAR'S SK	on-Randell						





TO BE COMPLETED BY FUNERAL DIRECTOR

after death. Page 6 may be retained by the hosp	y the funeral director, page 5 should be detached noval.	cal examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within assections after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after death with the State Debt. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTA	L HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)		Rice	, III		2. DATE		- 90 YE	3. TIME DF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTH h, Day, Year) ine 13	8. B	IRTHPLACE (State or Foreign ountry) MARYLAND
9a. FACILITY NAME (If not institution, give st	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE		15	9c. COUNTY	
ANNE ARUNDEL MED	ICAL CENTER		ANNAPO	IS			ANN	E ARUNDEL
10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN DR LOCA					10d. INSIDE CITY LIMITS?
MARYLAND ANNE	ARUNDEL		ANNAPOI	LZIP CODE			IO- CITIZEN	1 YES 2 NO
1810 C Copeland	Street			101		11	.S.A.	DF WHAI COUNTRY?
11. MARITAL STATUS 1XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR O/	2 🗓 0	13. WAS DE	CENDENT DF HISPAI ecity Cuben, Maxica XX ND Specif	nn, Puarto		or No— 14. I	RACE — American Indian, Bleck, Whita, atc. Specify: LACK
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during m		161	. KIND DF BUS	INESS/INDUSTI	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First,	Middle, Maiden	Sumame)	
JOSEPH E. RICE.	Jr.			TIWANA	WII	SON		
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
TIWANA RICE 200, METHOD OF DISPOSITION	200	1810		eland St.	. Ann		MQ.	
12 Burial 2 Cremation 3 Remo	rval from State	other place) NELAWN_M					APOLIS	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE H. Regard			NO ADDRESS OF FA				ANNAPOLIS, M
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (DR AS A	CONSEQUENCE OF	lity	y an	res	-		
PART II. Other algnificant condition	s contributing to daeth b	ut not resulting	in the underlyir	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C)	heck only o	ne)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	OTHER:	ne 5 🗆 Rasidence	-00111 600			
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE DF INJURY (Month, Day, Year)	26b. TIM	JURY W	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCURE	0
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm,			28t. LOC	CATION (Street a or Town, Stete)	and Number or R	ural Route Number,
ann)	CIAN: To the best of my know							use(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIC	in Who	r A	10	29c. LICENSE NU	MBER		29d. DATE SIG	IS 190
30. NAME AND ADDRESS OF PERSON WH 31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year)			ı, Print)				i	

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO			
	DECEDENT'S NAME (First, Middle, Last)	ERMATNE	Rice	د'		2. DATE OF DEATH MONTH D	3-90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) June 13.	8. BI	RTHPLACE (State or Foreign unitry) MARYLAND	
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O		
DIRECTOR	ANNE ARUNDEL MEDI	CAL CENTER		ANNAP	DLIS		ANN	E ARUNDEL	
36					TION		10d, INSIDE CITY LIMITS?		
		MARYLAND ANNE ARUNDEL			3		1 TES 2		
RAL	10e. STREET AND NUMBER			10	. ZIP CODE		18g. CITIZEN C	OF WNAT COUNTRY?	
FUNERAL	1810 C Copeland	Street 12. WAS DECEDENT EVER I	IN U.S. ARMED		21401 ENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	IACE — American Indian,		
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, sp		n, Puarto Rican, etc.)	6	Black, Whita, atc. Specify: BLACK	
3	15. OECEOENT'S EDU (Specify only highest grade	iCATION e completed)	16a. DECEDENT'S	USUAL OCCUPATE work done during me	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR		
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	se retired.)					
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)		
BE	JOSEPH E. RICE,			TIWANA					
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		,	
	TIWANA RICE 1810 C Copeland St. Annapo 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of comotory, crematory or							仏()] or Town, Stata	
	1XXBurial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	ioval from State	other place) PINELAWN	MEM. PA	ARK	ANNA	APOLTS.	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY 821 WES	ST ST.	ANNAPOLIS, MI	
	Lovey L	y. Klese	35			SE & SONS N			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. DUE TO (OR AS		d	Sae of dying, suc	4	mratory arrest,	Approximate Interval Between Onset end Death	
CERTIFICATION	Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	b	A CONSEQUENCE O	D	/				
PHYSICIAN: MEDICAL	PART II. Other significent condition	ne contributing to death	but not resulting	in the underlyin	g ceuse given in		RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	1		26. F	LACE OF DEATH (CA	neck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	tpatient 3 DOA	OTHER:	ne 5 🗆 Rasidence	6 Other (Specify)			
Ή	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)			JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURE	0	
ВУ	1 Netural 5 Pending 2 Accident Investigation	,			YES 2 NO				
	3 Suicide 6 Could not be 4 Nomicide detarmined	6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State)							
COMPLETED	[Critick only	SICIAN: To the best of my know	_		-			use(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Man 1	hD		29c. LICENSE NU	MBER	29d. DATE SIG	NEO (Month, Pay, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)	1		1 6	7/	
	31. DATE FILED (Month, Day, Year) JUN 18 1990	32. REGISTRAR'S SIG							



ACCORDING TO A STATE OF

Š	dea	2		exa
2	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after dea	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fur	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exa
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DIVISION OF VITAL RECORDS, 1.0. DOA 13149,	RA	REC	SUN	E
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BE COMPLETED BY PHYSICIA

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	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAF ERTIF	RTMEN ICATI	T OF H	EALTH DEA	AND I	MENTA	L HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH		YEAR 3	TIME OF D	EATH
		Floyd	E	dwin	RI	ENNE	R			June		, 199	Ö	3:40	Ам
	4. SOCIAL SECURITY NUMB	ER	S. SEX	6. AGE (In yrs. la	st birthday)	IF UNDE		IF UNDER	_		OF BIRTH th, Day, Year)	T	6. BIRTHPL Country)	ACE (State of	or Foreign
	219- 01- 96	71	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct		1918		Lena	. Md.		
	9e. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CITY	r, TOWN	OR LOCATI	ION OF DE	ATH			TY OF DEA		
DIRECTOR	Washington		ty Hospit	cal		Hagerstown Washingt						ton			
<u> </u>	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	LION					10	od. INSIDE	CITY
10	Maryland	Wash:	ington		В	oonsl	oro						1	YES 2	NO D
A I	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTR	Y?
FUNERAL	21309 Mt	. Lena	a Rd.					217	13			II.	S. A.		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT	OF HISPAI	VIC ORIGI	N? (Specify Yes		14. RACE -		Indien,
BY F	1 Never Married 2 3 Wildowed 4 Divor		IF YES, GIVE V	YES 2	NO			2X NO			Ricen, atc.)		Specify:		t-e

臣	15. DECI (Specify only	highest grade	CATION completed)	16e. Di	ECEDENT'S live kind of a. Do NOT u	work done	during me	ON ost of worki	ing	16	b. KIND OF BU	SINESS/INDU	USTRY		
ا تا	The second second second second	Elementary/Secondary (0-12) College (1-4 or S+)													
COMPLETED	8 Clerk- Owner General Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumerne)									e					
	John W. Renner											Sumame)			
BE					b MAILIN	ADODES	& (Cimal)				phart nber, City or Tow	n State 7in	Code)		
일	William E. Forrest			"							stown,				
					OF DISPO					ager		CATION C			
	1 X Burlat 2 Cremation 3 Removal from State 4 Donation S Other (Specify) Mt.								matory of			Lena			
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	PILL	1 1 1		22.	NAME A	ND ADDRE	SS OF FA	CILITY	76	06 Bo	onaha	xo D	leo
	John	H. Bas	Jr.	2 OFTO	V	F	BAST	FIINI	ERAT.	HOM	E, Bo				21713
	23. PART i. Enter the di	aeasea, or o	complications the	it caused the d	eath. Do									Appro	ximata
	ahock, or he iMMEDIATE CAUSE (Fin	eart failure.	Liat only one car	use on each lin	в.				250						and Death
	disease or condition	el	Heat S	troke (F	ivner	ther	mia)							4 d	
	reaulting in death)		DUE TO	(OR AS A CONSE	QUENCE C)F):								1	
_														[
뎯	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A CONSE	OUENCE C	F);									
8	cause. Enter UNDERLYI	NG	۵												
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF														
	reaulting in death) LAS	' (d											-	
	PART ii. Other significa	nt condition	ns contributing to	death but not	resuiting	in the u	nderivin	g cause	aiven in	Part I.	24a, WAS AN	AUTOPSY	24b. V	/ERE AUTOP	SY FINDINGS
ह										139	PERFO			WAILABLE PI	
											1 TYES	NO W	0	F DEATH?	
CIAN: MEDICAL										_			1	YES 2	□ NO
A	25. WAS CASE REFERRED TO	MEDICAL					28 D	LACE OF	DEATH (C)	ack only	noel .				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?															

29e. CERTIFIER (Check only 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 2 🖔 MEDICAL EXAMINER: On the beele of axaminstion end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and manner ea steted.

28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

296. SIGNATURE AND TITLE OF CERTIFIER OF HOUSE OF

5 Pending Investigation

8 Could not be determined

D01062

OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify)

28c. INJURY AT WORK?
1 YES 2 NO

▶ June 20, 1990

28d. DEŞCRIBE HOW INJURY OCCURED

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Edward W. Ditto, III, M.D., 217 West Washington Street, Hagerstown, Maryland 21740

JUN 21 90

1 X YES 2 NO

27. MANNER OF DEATH

1 📉 Natural

2 Accident
3 Suicide

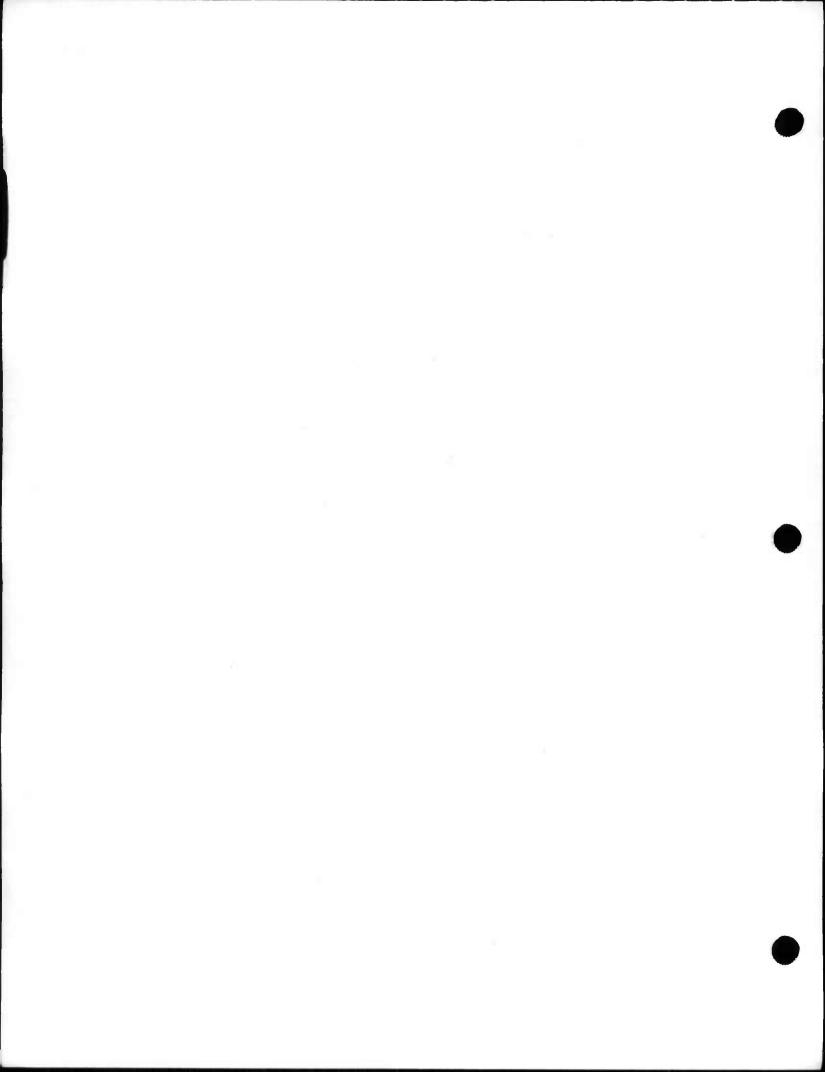
4 Homicide

J2. REGISTRAR'S SIGNATURE

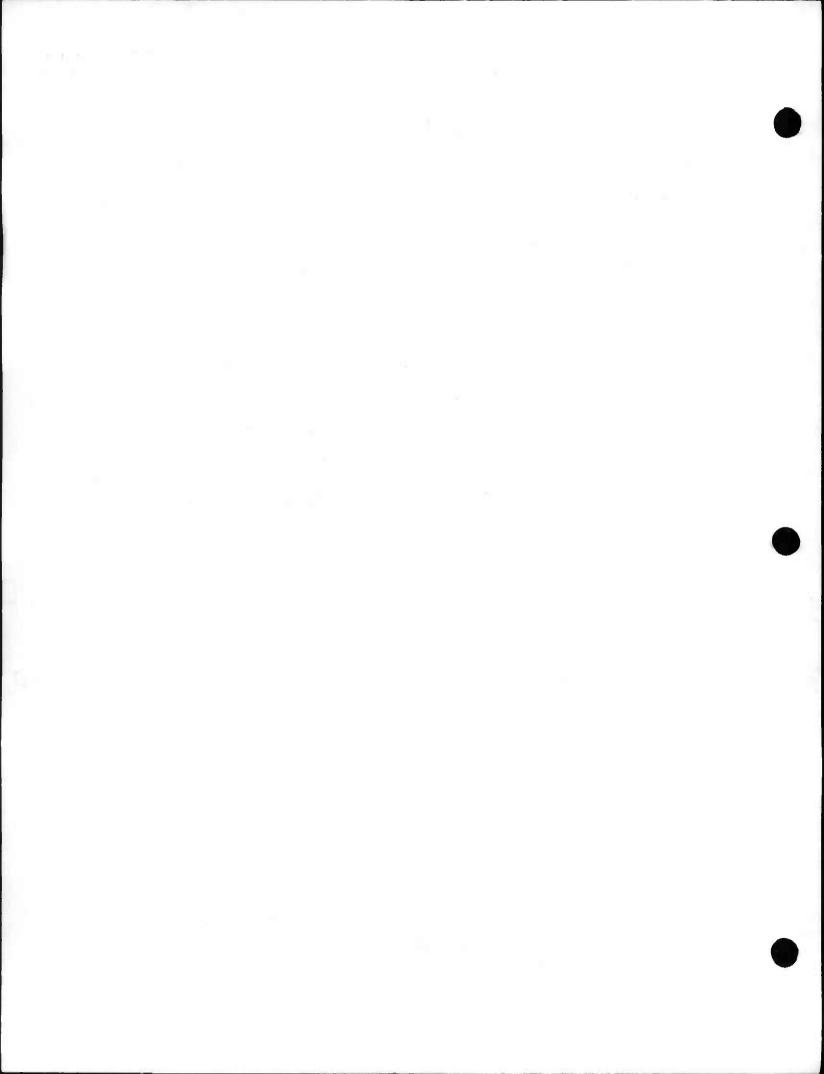
Julia Davidson-Randall

HOSPITAL:
1 Inpstient 2 - ER/Outpatient 3 - DOA

28a. DATE OF INJURY (Month, Day, Year)



	REGISTRAR		CERTIFI	CATE	F DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Robert	Huston	RYDEI	R	2. DATE OF DEATH DATE DATE 22	, 1990	3. TIME OF DEATH 1:30 A M	
	4. SOCIAL SECURITY NUMBER 214-09-0854	5. SEX 6. AGE	(In yrs. last birthday) 86 YRS.	IF UNDER 1 YE		July 30, 1903 a. BIRTHPLACE (State or Foreign Country) Maryland			
ŀ	9a. FACILITY NAME (If not Institution, give st	reet and number)		9b. CITY, TOV	VN OR LOCATION OF DE	EATH	9c. COUNTY C	OF DEATH	
DIRECTOR	Washington County	/ Hospital		На	gerstown		Washi	ngton	
입	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY	
DIR.		ashington		Hager			1 YES 2 NO		
FUNERAL	2110 Club Road				21740			of what country?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 XNO	If yes	DECENDENT OF HISPAI Is, specify Cuban, Mexica YES 2 NO Specif			- 14. RACE — American Indian, Black, Whita, etc. Specify: White	
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S I	USUAL OCCUI	PATION a most of working	16b. KIND OF BUS	SINESS/INDUSTI		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sales		g most of working	Restau	rant Su	ipplies	
<u>N</u>	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden			
		rrison Ry	der		Mary			iston	
H	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Str		Route Number, City or Tow			
2	Elizabeth R. V	Nolfe				gerstown,			
	20a. METHOD OF DISPOSITION 1 \times Burial 2 \(\text{Cremation 3} \) Remote 4 \(\text{Donation 5} \) Other (Specify)	oval from State		ITION (Name o	of cemetery, crematory or	20c. LO	CATION - City		
	21. SIGNATURE OF FUNERAL SERVICE LIC					ffman Fune			
	· R. heel	Brady						vn, Md. 21740	
	23. PART i. Enter the diseases, or complications twet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Pneumonia, right lung 5-6 days								
	disease or condition Pneumonia, right lung a. Pneumonia, right lung DUE TO (OR AS A CONSEQUENCE OF):								
NO.	Sequentially list conditions, If eny, leading to immediate								
CERTIFICATION	Cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events C. DUE TO [OR AS A CONSEQUENCE OF):								
ERT	resulting in death) LAST	d							
2	PART II. Other aignificant condition	a contributing to death	but not resulting i	in the under	iying cauae given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
EDICAL	Fracture left hi	p				PERFO	giii.	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
ED						1 1 123	MANO	OF DEATH?	
Σ						_			
AN	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	heck only one)			
200	EXAMINER? 1 📉 YES 2 🗌 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Ou	tostient 3 □ DOA	OTHER:	Home 5 - Raaldance	8. Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIM	E OF 28	:. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 6/5/90	6:50	1	WORK? YES 2 NO	At dresser a			
COMPLETED	3 Suicide 4 Homicide 28a. PLACE OF INJURY — A1 home, farm, street, factory, offica building, etc. (Specify) Homewood Nursing Home 28t. Location (Street and Number or Rural Route City or Town, State) 2750 Virgini Williamsport, Maryland 2								
7	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wledge, death occurre	ed at the time.	data and place, and du	a to the cause(s) and ma	nner aa stated.		
OME	(Check only one) 2 X MEDICAL EXAMINE	R: On the basis of examinat	ion and/or investigation	on, in my opin	on, death occured at th	e time, deta and place, a	nd due to the ce	use(s) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF EMITIFIES	DeHor	-		29c. LICENSE NU DO 106			GNED (Month, Day, Year) 22, 1990	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type,	, Print)	1 20100	_	Julie		
	Edward W. Ditto,	III, M.D., 2	17 West W	Vashin	gton Stree	t, Hagerst	own, Ma	aryland 21740	
	31. DATE FILED (Month, Day, Year)	32 PREGISTRAR'S SIG	NATURE		,	, 8			
	.NN 25 '90	grina Davids	on-yanded						



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

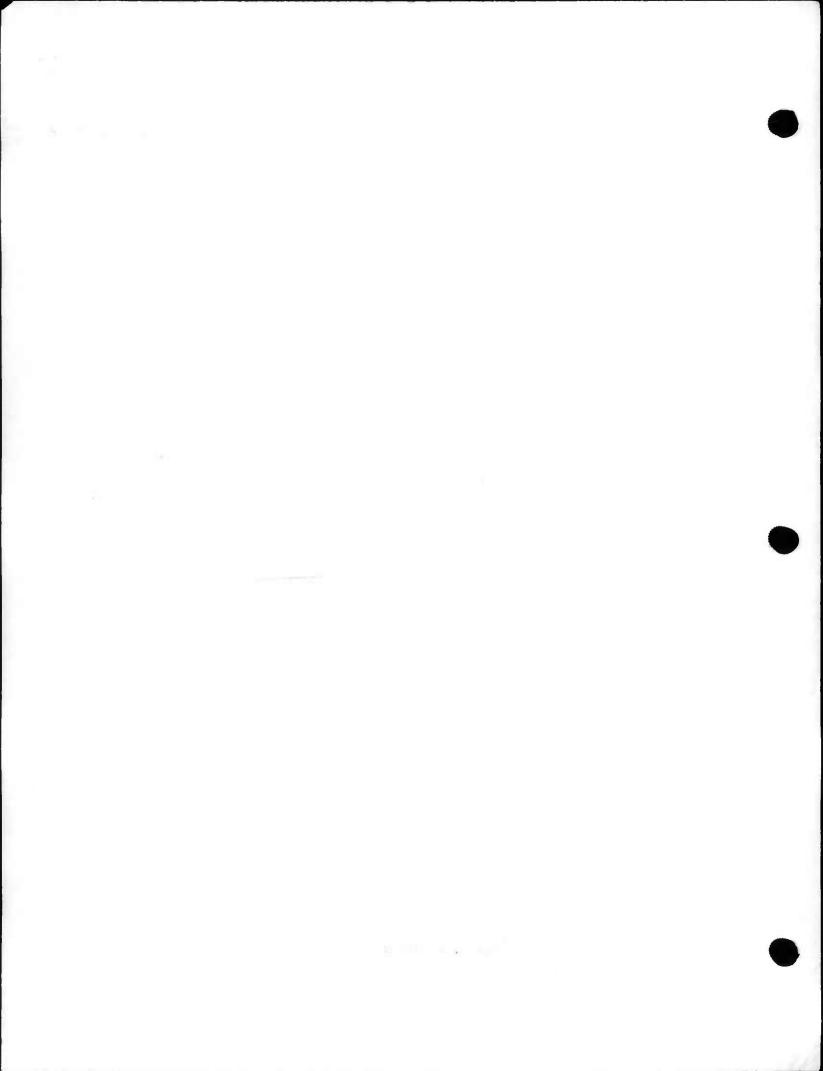
1 -		FOR STATE
	-	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		OLITIII	IOAIL	OI DEA	113	HEG. NO.				
1. DECEDENT'S NAME (First Charles	Middle, Last) Charles Edw Ringer	ER	2. DATE OF DEATH DAY YEAR OF 24 SO			- a. 11/1 A				
SOCIAL SECURITY NUME	BER - S.A						8. BIRTNPLACE (State or Foreign Country)			
214-30-1881	1	YRS.	MONTHS D	AYS HOURS		Feb.2,193	5	Maryland		
AT THE RESERVE TO THE	nstitution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN							
Mariana and a second and a second and	morial Hospital		Ba1t	Baltimore, City						
RESIDENCE OF DEC	10b. COUNTY	10c. CIT	Y, TOWN OR I	OCATION				10d, INSIDE CITY		
Maryland	Washington		agerst					LIMITS?		
10e. STREET AND NUMBER			agerse	10f. ZIP COD	E		10g. CITIZ	ZEN OF WHAT COUNTRY?		
110 Roessne	er Avenue			21740			บร	SA.		
11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT	OF NISPANIC	ORIGIN? (Specify Yes		14. RACE — American Indian.		
1 Never Married 2 🔀	I IF YES, GIVE WAR OR I			es, specify Cubi		Puarto Rican, etc.)		Black, White, etc. Specify:		
3 Widowed 4 Dive								white		
	CEDENT'S EDUCATION by highest grade completed)	16a. DECEDENT'S (Give kind of	work done duri	JPATION ng most of worki	ing	16b. KIND OF BUS	SINESS/INDI	USTRY		
Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT u				1				
12] commi	ssary	manage		1		service		
17. FATNER'S NAME (First, A						(First, Middle, Maiden				
Charles Nei	rvin Ringer					ise Brow		0-40		
Gail E. Rin	,					te Number, City or Tow		Code)		
20a. METNOD OF DISPOSIT		b. PLACE OF DISPO				erstown,		City or Town, State		
	on 3 Removal from State	other place) mithsburg	g Crem	atory		Smi		irg, Maryland		
21. SIGNATURE OF FUNERA	AL SERVICE LICENSEE			ME AND ADDRE						
► OCO	diseasea, or complications that cause		415	E. Wi	lson E	Blvd., Ha		own, Md. 2174		
shock, or h IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj	tions, ediate	eech line-	Y NA 1 HP:	AOI	- Company	ANEUR		A A Internal Detroit		
PART II. Other signific				Priying couse D75	given in Pa	PERFO		24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH 1 YES 1 NO		
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL HOSPITAL:		OTHER:	28. PLACE OF	OEATH (Check	only one)				
1 TYES 2 TYNO	1 🗆 Inpatiant 2 🗆 ER/Ou		4 🗆 Nursin		-	Other (Specify)	as at time			
27. MANNER OF DEATN 1 Netural 5 2 Accident	Pending Investigation	28b. TH	JURY	BC. INJURY AT WORK?		8d. OEŞCRIBE HOW	INJURY OCC	CURED		
2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)										
Correct only	TTIFYING PNYSICIAN: To the best of my kno		1 1							
29b. SIGNATURE AND TITL	a Re M	Mr. O.K	Low	29c. LIC	CENSE NUMBI	ER	29d. DAT	E SIGNED (Month, Day, Year)		
7 Marins	BOSTICH UNICL		e, Print) EfESP	2-1	Bath!	mos , P	10	21218		
JUN 2	b '90 32. REGISTRAR'S SIG	vidson-Rand	we.							
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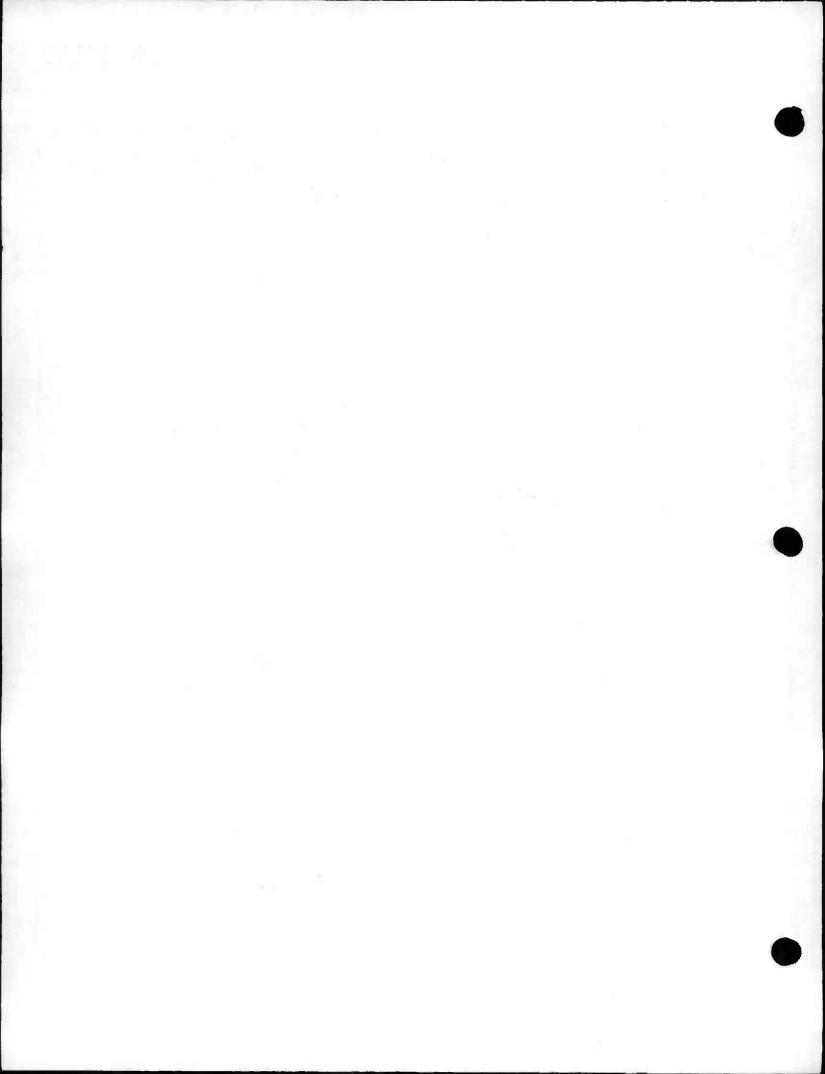
Charles C. BROWN, HD.

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND N		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	A. Rish	tov.	Sr.		2. DATE OF DE MONTH	ATH DAY /Z-9	3. TIME OF DEATH 20		
	4. SOCIAL SECURITY NUMBER	10 M 2 🗆 F	67 TRS. 1	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	2/23	BIRTHPLACE (State or Foreign Country) GUYANA		
TOR	96. FACILITY NAME (If not institution, give str CARROLL WAY RESIDENCE OF DECEDENT	1 4/	LOME	b. CITY, TOWN O	ALLS VI	LLE	9c. COUNTY	of DEATH		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	PRINCE GEORG		TOWN OR LOCATE	ON			10d, INSIDE CITY LIMITS? 1 VES 2 NO		
RAL	1921 LEBANON	STREET		101.	20783			OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 . YES IF YES, GIVE WAR OR DA	2 2 NO	If yes, spe	ENDENT OF HISPAN pelfy Cuban, Mexical 2 NO Specify	IIC ORIGIN? (Spe n, Puerto Rican, o	cify Yea or No.— 14.	RACE — American Indian, Black, White, atc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mos	N st of working	16b. KIND	OF BUSINESS/INDUST	ГЯУ		
MPLE	8	College (1-4 or 5+)	CLERICAL			GC	VERNMENT			
00	17. FATHER'S NAME (First, Middle, Leet) JAVEST A. RIS	SHTON			18. MOTHER'S NA ELET		Melden Surneme) RICHARDS			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a			or Town, State, Zip Co.	de)		
F	JACKLINE VICKED	RIE (DAUGHTEI	PLACE OF DISPOSE				MARYLAN			
	1 Buriel 2 Cremetion 3 Remo	wal from State GA	ATE OF HE	AVEN CE	METERY		SILVER SE	PRING, MARYLAND		
	21, SIGNATURE OF PUMERAL SERVICE LICE	ensex 256		FRANCI	S J. COL	LINS FU	NERAL HOM	Æ, INC.		
4	23. PART T. Epiter the distrases, go of	Trailorations that caused	the death Done	500 UN	IVERSITY	BLVD.,	W., SIL.	SP., MD 20901		
	immediate Cause (Final disease or condition resulting in death)	List only one cause on as Sapta	cemia	2	ou or cynig, acc		. reaptrotory arrest	intarval Between Onset and Death		
_	and the same of th	DUE TO (OR AS A	CONSEQUENCE OF)							
CATIO	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF)	:						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)							
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to death be REBUTTO	ut not resulting in	the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 (XNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 Nursing Hom	e 6 🗆 Residence	6 Other (Spec	city)			
	27. MANNER OF DEATH 1 Natural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK?	26d. DESCRIBE	HOW INJURY OCCUP	RED		
red BY	Zee Natural Prenaing M 1 YES 2 NO									
Surficience 6 Could not be determined building, etc. (Specify) 29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner										
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	is A. ly	g no		29c. LICENSE NUI 29c. LICENSE NUI	MBER 46	29d. DATE \$	SUGNED (Mouth, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO	Blod &	1. Sil	erim)	ung	, Me	1 209	701		
	JUN 15 '90	32. REGISTRAR'S SIGN	ATURE Arm Randol	00	0					



BALTIMORE, MARYLAND 21203-3146

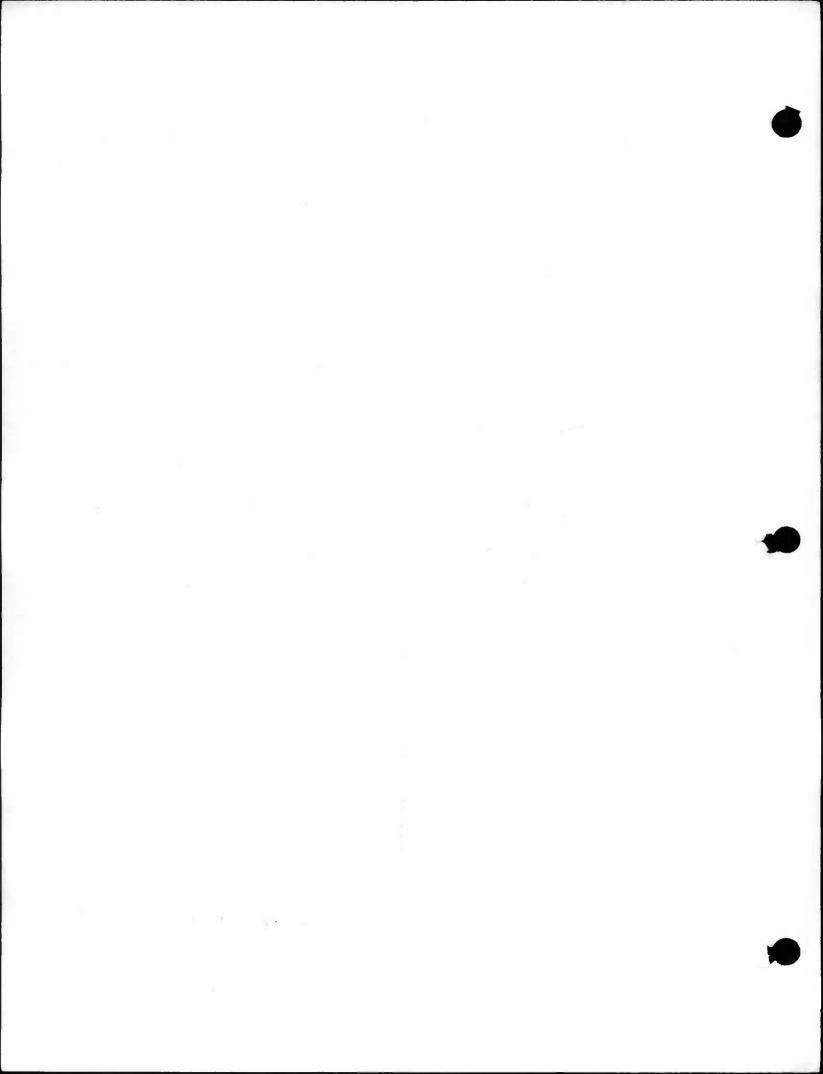
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the source after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, and the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

15

	•	FOR STATE REGISTRAR			STATE	OF
_	_		 	 		

	REGISTRAR		CE	RITH	CAIL	UF	DEAL	п	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Bass	1	1					2. DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH
	ANNO E.	N				\rightarrow	10-12-90 8:00 A					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I				MONTHS 1	YEAR DAYS	HOURS 2	MIN,	7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLAN Country)			IPLACE (State or Foreign ry)
	262-34-1152 1 M 2 T F 63								OCT.9,192	6	WAS	HINGTON, D.C.
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c.				9c. COU	c. COUNTY OF DEATH		
6	HOLY CROSS HOSPIT	AL			SILV	ER	SPRIN	IG		MO	NTGO	MERY
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1		10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
Ē												LIMITS?
	MARYLAND MONT	GOMERY		SIL	IER S	-	ZIP CODE			10c CIT	IZEN OF I	WHAT COUNTRY?
FUNERAL		nm 1 nm 1	1			"				iog. Cit		
N	3605 PEARTREE COU	12. WAS DECEDENT E	_	MED	12 W	BS DEC	209		C ORIGIN? (Specify Yea	or No.	USA	
	1 Never Married 2 Married	FORCES? 1 [YES 2V N		H	yes, spe	cify Cuban	, Mexican	, Puerto Rican, etc.)	oi No-	230	E — American Indian, k, White, atc.
BY	3 Widowed 4 Divorced	ir res, cive wen	OH DATES		'	TES	2 X NO	эрвсту:			Spec	ITE
8	15. DECEDENT'S EDUI	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	aring mo	st of working	,				
4	12		SUB	SCRI	PTION	MA	NAGER	}	AMERICAN	PSY	CHOL	OGICAL ASSOC
ő	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAM	IE (First, Middle, Maiden			
BEC	CARL GEORGE ROSIN	SKI					MAR	RY KA	ATHLEEN MA	HON		
- 1	19a, INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street a			oute Number, City or Town		Code)	
임	PATRICIA A. LARSO	N (DAUGHT	ER) 3	365	SUDLE	RSV	ILLE	SOUT	TH LAUREL	MAR	YLAN	D 20724
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem		20b. PLACE other pic	OF DISPOS	ITION (Nan	ne of cen	netery, crema	atory or	20c. LO	CATION —	City or To	own, Stata
Ì	4 Donation 5 Other (Specify)				E'S C	EME	TERY		VALL	EY L	EE.	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN								ME AND ADDRESS OF FACILITY NCIS J. COLLINS FUNERAL HOME, INC.				
	A Augh	2										
	23. PART L'Enter the diseases, or	complications that c	aused the de	ath. Do r	ot anter t	the mo	de of dyir	ng, such	as cardiac or respi	ratory ar	rest,	MD 20901 Approximate
ļ	shock, of heart failure. IMMEDIATE CAUSE (Final	List only one cause	on each line									Interval Between Onsat and Death
	disease or condition	ROLA	noli	DAI	. 1	01	0,1	10	69			
l	resulting in death)	DUE 70 (O	R AS A CONSE	DUENCE	1 /	10	$\lambda u \zeta$	100	1		-	2 1
z		· (AA	D .	61	1306	0,,	00	MIC	2-les	011	al	The l
은	Sequentially list conditions, if any, leading to immediate	DUE TO (O	AS A CONSE	OUENCE OF	2440	-	Par	-	. ,		100000	E.
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c			V		0					
H	that initiated events	DUE TO (O	R AS A CONSEC	DUENCE OF	7:							
CERTIFICATION	resoluting in dealth) Excit	d										
	PART II. Other significant condition	a contributing to de	ath but not r	esuiting	n the und	derlyin	cause g	Iven in F			248	b. WERE AUTOPSY FINDINGS
EDICAL									PERFOR 1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
												OF DEATH? 1 □ YES 2 □ NO
≥									_			1 120 2 1 110
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF OE	EATH (Che	ck only one)			
Sic	EXAMINER?	HOSPITAL:	R/Outpetient 3	□ DOA	OTHER		e 5 🗆 Rec	sidence (6 Other (Specify)			
₹	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY Year)	28b. TIM	E OF URY	28c. INJ	URY AT		28d. OESCRIBE HOW II	NJURY OC	CURED	
ВУ	1 Pending 2 Accident Freestigation	(worth, buy,	100)	110	M		YES 2	NO				
	3 Suicide 6 Could not be	28e. PLACE OF I	NJURY — At he	me, ferm,	street, fecto	ry, offic	•		28f. LOCATION (Street a City or Town, State)	ind Numbe	r or Rural	Route Number,
	4 Homicide determined											
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	/ knowledge, de	eth occum	ed at the tir	me, date	and place,	and dua	to the cause(a) and mar	ner as sta	rted.	
<u> </u>	one) 2 MEDICAL EXAMINE	ER: On the basis of axer	nination and/or	investigatio	n, in my op	olnion, d	eath occur	ed at the t	time, data and placa, an	d dua to t	he cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	2		4 7	Κ		29c. LICE	NSE NUM	BER	29d. DAT	re sign	D (Month, Day, Year)
8	Sal [1]	Mille	15 /	UL	>		T)	8013	1	10/1	(190)
24	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре				-	40	9	1	210
	Irg Taul	ex M.T.	0 10	230	(Cu	200	419	14	Venua	>	5	9 MU
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR	SIGNATURE				8		J-4			2-1
	JUN 1 9 '90	gulia Dew	iden-Ad	ndalle	5							dolos
	****	9										DHMH-16 Rev 1/89



FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

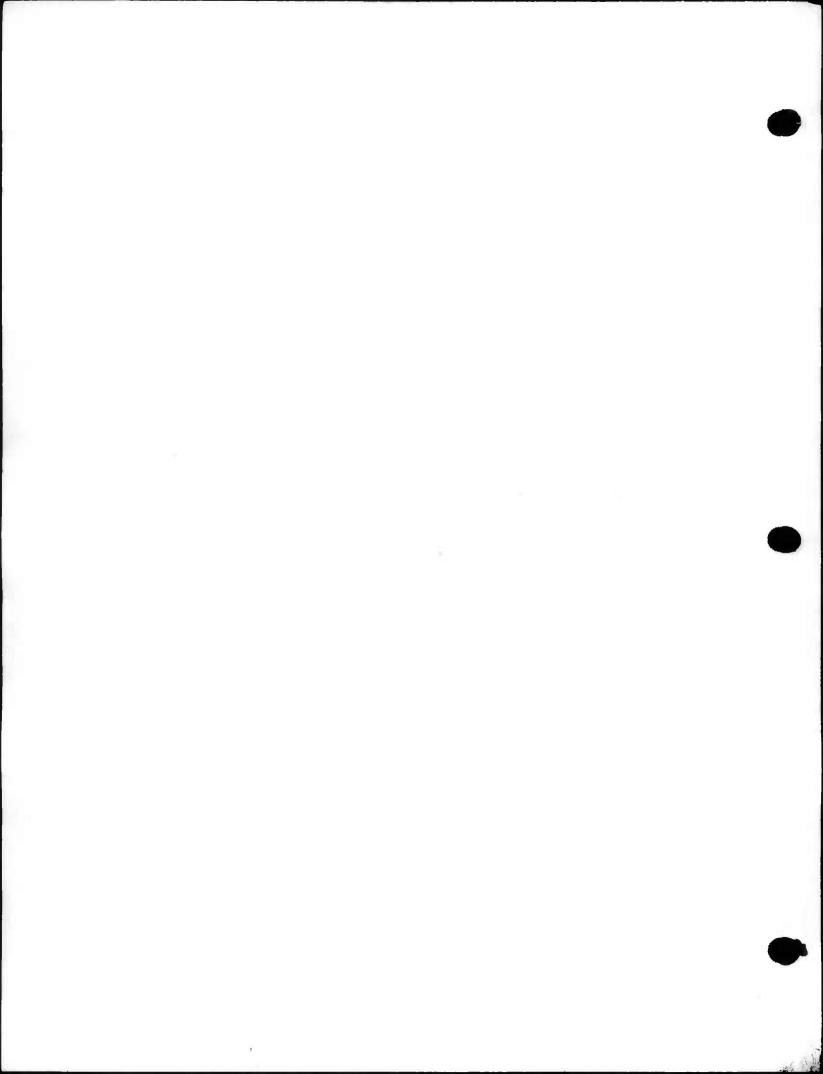
31. DATE FILED (Month, Day, Year)

32. GEGISTRAP'S SIGNATURE
Julia Davidson-Randelle

1. DECEDENT'S NAME (First, Middle, Last)									2. DATE MONT	OF DE	ATH DA'	,	YEAR	3. TIME OF DEATH			
BRUCE		WAYNE				RYA					6		16	19	90	7:20P	
4. SOCIAL SECURITY NUMBER 578-66-5603	ER	5. SEX	6. AGE	(in yrs. lasi)	YRS.	MONTHS	ER 1 YEAR		UNDER	24 HRS.	Sept	of BIR	тн 23.1	949	Coun	HPLACE (State or Foreign try) nington, D.C	
9a. FACILITY NAME (If not ins	stitution, give s	treet and number)				9b. CIT	TY, TOW	N OR LO	DCATI	ON OF DE	в.		,		NTY OF		
Universi		ospital				E	Bal	tim	or	е							
10a. STATE	10b. COUNT	Υ	-		10c. CIT	TY, TOWN	OR LO	CATION								10d. INSIDE CITY	
Maryland	Anne	Arundel				Ed	gewa	atei	r					LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER					101. ZIP CODE							10g. CITIZEN OF WHAT COUNTRY?					
806 Shore 1	Drive							2]	103	37				U.	S.A.	•	
11. MARITAL STATUS 1 Never Married 2 X	Mandad	12. WAS DECEDEN	T EVER	N U.S. ARI	MED	13					NIC ORIGI			or No-	14, RAC Blac	CE — American Indian, ck, White, atc.	
3 Widowed 4 Divor		FORCES? IF YES, GIVE V Vietn		ATES			1 🗆 Y	rES 2 5	NO P	Specif	у:				Spe	ow:White	
	EDENT'S EDU			16a. DE	CEDENT'S	Work don	OCCUP/	ATION most of	worldi	ng	16	b. KIND	OF BUS	INESS/IN	OUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5			+)		Do NOT u		(.)				Ι,	\T.: _1_	- C	L.1 C			
12		· · · · · · · · · · · · · · · · · · ·		Sai	esma	ın								w1 S	ecu	rity	
John M.								18.			me (First, red (Sumame)			
19a, INFORMANT'S NAME (7)	rpe/Print)			198	. MAILING	G ADDRE	SS (Stre	et and N	lumbe	r or Rural	Route Nun	nber, City	or Town	n, State, Zi	p Code)		
Linda M. R	yan			8	306 S	Shor	e Di	r.,	Ed	lgewa	ater	, Mo	1. 2	1037	7		
20a. METHOD OF DISPOSITI	noval from State	State 20b. PLACE OF DISPOSITION (Name of commeter), crematory or Maryland Veterans Cemetery 20c. LOCATION — City or Town, State Cheltenham, Maryland															
4 🗆 Donation 5 🗆 Other			Mary	land											Maryland		
21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE	1			2:	2. NAME	orge	DDRE	SS OF FA	alas	Fur	iera	1 Ho	ome		
"kar.	rel	J Kal	UR.	re)			610	60 (0xc	on Hi	i11 l	Rd.	0xc	n Hi	111,	Md.	
	eert fallure.	Guns	cause on each line.								Approximate Interval Between Onset end Deat						
Sequentielly list condition of any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injustrat initiated events resulting in death) LAS	diete NG ry	c			DUENCE C												
PART II. Other aignifice	nt conditio	na contributing to	death	but not r	reaulting	in the	underl	ying ca	use	given in	Part I.	- 1	WAS AN PERFOR		24	Ib. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
												l Tn	SDE	ecti	oh	1 TYES 2 NO	
25. WAS CASE REFERRED TO	O MEDICAL						26	B. PLACE	E OF S	DEATH (C)	heck only o		. Бр				
EXAMINER? 1 ▼ YES 2 □ NO	o medicina	HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTH 4 🗆 N	ER:				8 🗆 Ott		cify)				
27. MANNER OF DEATH		28e. DATE O			28b. Til	ME OF	28c.	INJURY WORK?	AT		28d. O	E\$CRIBE	HOW I	NJURY O	CCURED		
	Natural 5 Pending 6-8-00 2 · 1 O M						1	YES		X NO	Se	1f	-in	fli	cte	d	
3 🖾 Suicide 8 🗌	Y — At he	oma, farm,	, street, f	actory, o	office			Self-inflicted 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					l Route Number,				
4 Homicide	ivew	ay						806	5 S	hor	e D	r.,	Edgewate:				
CONSULT ONLY		ER: On the best of														MD e(a) and manner as stated.	
29b. SIGNATURE AND TITLE	OF CERTIFIE	Me	16	13				29		ENSE NU	IMBER					EO (Month, Day, Year) 7 — 9 ()	
30. NAME AND ADDRESS OF		HO COMPLETED CAI		EATH (ITE	M 27) (Typ		1 1 1	Do				D - 7	4 -		4D	21201	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-18 Rev 1/89

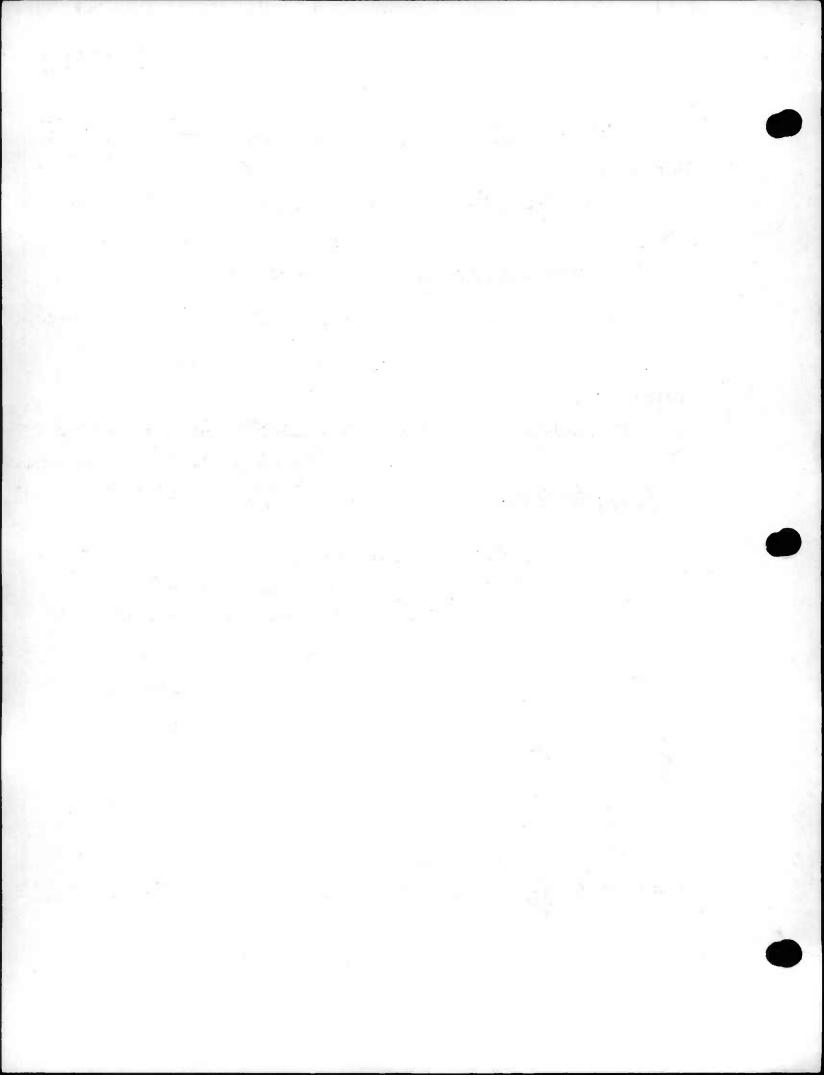


FOR STATE REGISTRAR

1 -

	1. DECEDENT'S NAME (First, Middle, Last)	L OI DEATH								
	Band Ray P	2. DATE OF DEAT	DAY 1997 45							
		ER YEAR IF UNDER 24 HRS. 7. DATE OF BIRTI	N B. BIRTHPLACE (Signs or Fore							
	UNKNOWN 4 DOWN, YRS. MONTH	DAYS HOURS MIN. (Month, Day, Ye	ar)-90 Country) M&							
	9a. FACILITY NAME (If not institution, give street and number) 9b. C	TY, TOWN OR LOCATION OF DEATN	9c. COUNTY OF DEATN							
DIRECTOR	Hoy Crass Hosp. Si	Lyon Dring/1	Montaine							
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOW	OR LOCATION	10d. INSIDE CITY							
	D.C. Wasi	nington	LIMITS?							
3AL	10e. STREET AND NUMBER	107. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?							
FUNER	11. MARIAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	L WAS DECENDENT OF NISPANIC ORIGIN? (Speci	fy Yes or No.— 14. RACE — American Indian							
1	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxican, Puerto Rican, etc. 1 YES 2 NO. Specify:								
D BY	3 Wildowed 4 Divorced	El Salvadoriai	7 Hispanie							
ETED	Illia Do NOT use retire	e during most of working	F BUSINESS/INDUSTRY							
	Elementary/Secondary (0-12) College (1-4 or 5 +) Une m.f.	1 2	/A							
COMPL	17. FATHER'S NAME (First, Middle, Last)	16. MOTNER'S NAME (First, Middle, M	siden Sumame)							
BE	Unknown	Sandra	Keyes							
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDR 200 0 1 200 0 200	SS (Street and Number or Rural Route Number, City of	or Town, State, Zip Code)							
	2qe, METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION	Name of cemetery, crematory or	IC. LOCATION — City or Town, State							
	1 Surial 2 Cremation 3 Removal from State other place A Donalion 5 Other (Specify)	1 Cemetery S	an Salvador El Sal							
		2. NAME AND ADDRESS OF FACILITY	neval theme.							
	· WHSacon	W. H. BACON FWI 3447 14th St	reet N.W.							
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Bal Anced of	luving deliver,							
CALC	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24c. WAS AN AUTOPSY PERFORMED?									
101			OF DEATH?							
	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER? HOSPITAL: OTH	26. PLACE OF DEATN (Check only one) ER: ursing Home 5 Residence 8 Other (Specify								
PHYSICIAN:	27, MANNER OF DEATN 26e, DATE OF INJURY 28b, TIME OF INJURY NAMED OF INJURY INJURY		NOW INJURY OCCURED							
ВУБ	1 Natural 6 Pending 2 Accident Investigation	1 YES 2 NO								
ED	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)	actory, office 261. LOCATION (S City or Town,	Street and Number or Rural Route Number, State)							
LET	298. CERTIFIER	None data and alcount data as								
COMPLE	(Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the one of the occurred at the occurr									
O BE CON	261. MONRTONE AND HITLE OF CENTRAL	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)							
BE C	Spint Vagers In	1709975	- June 17/9							
0	NAME AND AODRESS OF PERSON WHO SOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	31. DATE FILEO (Morth, Day, Year) 32. REGISTRAR'S SIGNATURE									
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 18 90 Sula Davidson-Randell									
			DHMH-18							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



1 - STATE REGISTRAR	STATE OF MA			ENT OF H ATE OF			HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	A.K.A.	SANDRA F	REYES	NATARI		2. DATE OF MONTH	DAY	YE	3. TIME OF DEATH
SAND 4. SOCIAL SECURITY NUMBER		REYE AGE (In yrs. last bit		UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF	12-90 BIRTH	8,1	4:05AM M BIRTHPLACE (State or Foreign
Unknown	1 □ M 2 🄀 F			THS DAYS	HOURS MIN.	(Month, L	12-6		Country) Salvador
9a. FACILITY NAME (If not institution, give s	treet end number)		9b	CITY, TOWN C	R LOCATION OF DI		Ī	9c. COUNTY	
HOLY CROSS HOSPI	TAL			SILVER	SPRING			MONTGO	MERY COUNTY
10a. STATE 10b. COUNTY	1			OWN OR LOCAT					10d. INSIDE CITY LIMITS?
D.C.			wasn	ingto	ZIP CODE		Т	10a CITIZEN	1 🔀 YES 2 🗌 NO
1530 16th Stree	t, N.W.			"	20011				lvador
11. MARITAL STATUS 1 Naver Married 2 Married	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	D	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specif	n, Puerto Ric		or No 14.	RACE — American Indian, Black, White, stc. Specify:
3 Wildowed 4 Divorced El Salvadorian Hispan									
15. DECEDENT'S EDU (Specify only highest grade	completed)	(Glvn	DENT'S USU kind of work NOT use re	JAL OCCUPATION done during month tired.)	ON ast of working	16b. K	IND OF BUSI	NESS/INDUST	TRY
12th grade	College (1-4 or 5+)	Une	mplc	yed		N/	A		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)	
Fransito Natare	en	100.5	********	DDESS (Street	Angela			Chata Tip Co.	del
Mario Benavides		290		Contract Contract					a, Va. 22306
20s, METHOD OF DISPOSITION 1 \(\oldsymbol{\Oldsymbol{L}} \oldsymbol{Burial} \) 2 \(\oldsymbol{\Oldsymbol{L}} \oldsymbol{Cremetion} \) 3 \(\oldsymbol{\Oldsymbol{L}} \oldsymbol{Rem} \)			DISPOSITIO	ON (Name of cer	metery, crematory or	104	20c. LOC	ATION - City	or Town, State
4 Donation 5 Other (Specify)		Fami	1y (emete	Y ND ADDRESS OF FA		\$an Sa	lvador,	El Salvador
21. SIGNATURE OF FUNERAL SERVICE LIC	IN .						II 0		14th St. NW
	a. AMNIOTIX DUE TO (OI	On aach lina. FLUID F	EMBOL:		da of dying, suc	ch sa cardle	c or reapir	atory arrest	Approximata interval Between Oneet end Death
Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUE		-					
PART II. Other eignificent condition	ns contributing to de	ath but not res	uiting in t	he underlyin	g causa given in	Part i. 2	4s. WAS AN	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						_	XXYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
					<u> </u>				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	LACE OF DEATH (C		narra		
1XXXX 2 □ NO 27. MANNER OF DEATH	1 - Inpetient XXE	JURY	26b. TIME O	F 28c. IN.	na 5 🗆 Residenca JURY AT			JURY OCCUP	RED
Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJUR	M 1 🗆	YES 2 NO				
3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF I building, etc	NJURY — At home :. (Specify)	a, farm, atre	et, fectory, offic	ca .		ION (Street a Town, State)	nd Number or	Rural Route Number,
III	ICIAN: To the best of m								euse(s) and manner as stated.
294 SIGNATURE AND TITLE OF CERTIFIE	- Kul				29c. LICENSE NU OCME	IMBER		29d. DATE S	IGNED (Month, Day, Year) -13-90
30. NAME AND APPRESS OF PERSON WE MARGARITA A. KOR		OF DEATH (ITEM	27) (Type, Pri		nn Stree	et,Bal	timor	e,MD 2	21201 v
31. DATE FILED (Month, Day, Year) JUN 18 90	32. REGISTRAR	-		-					
II OUIT TO OU	mate interiory	Markage							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a market death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

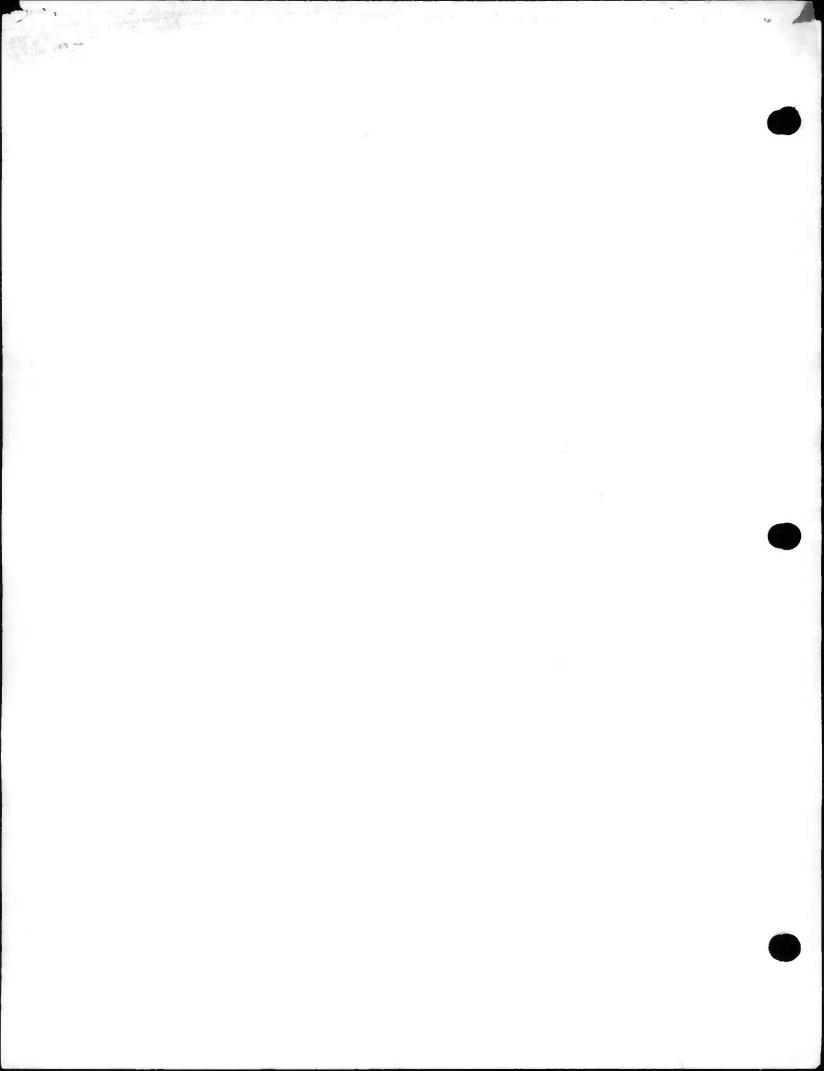
IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DÍVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a found of the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH				
	Catherine Roman					монтн 6	1.5	1990	11:00P M				
	4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	6. / M 2 XXF		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	IBTH	8. BIRTI	IPLACE (State or Foreign				
_	9a. FACILITY NAME (If not institution, give street a	nd number)	91	CITY, TOWN O	R LOCATION OF DE	ATN	9c. C0	OUNTY OF D	EATH				
OR	V.A. Medical	Center		Perry	Point	Cecil							
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY. T	OWN OR LOCAT	ION				10d. INSIDE CITY				
FUNERAL DIRECTOR	Delaware New	Castle		Wilmi	ngton				TYES 2 NO				
ERAI	10a. STREET AND NUMBER 3214 Cardi:	ff Ave		101	. ZIP CODE		10g. C	US	WNAT COUNTRY?				
BY	1 Never Married 2 Married	1 Naver Married 2 Marriad FORCES? 1 YES 2 NO If						14. RACI Blac Spec	E — American Indian, k, White, etc. ////////////////////////////////////				
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	16b. KINI	O OF BUSINESS/	NOUSTRY									
	Elementary/Secondary (0-12) Co												
MP	11 Irs.		Home M	aker									
00	17. FATHER'S NAME (First, Middle, Last)		, Maiden Surname										
BE	Walter	belle	Al ex										
TO	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural I				0000				
	Evelyn R. North				.,Wilmin	gton,			9803				
	20a. METHOD OF DISPOSITION 1 157 Burial 2 Cremation 3 Removel (4 Donation 5 Other (Specify)	rom Stets	20b. PLACE OF DISPOSITION Of their place) All S		netery, cremetory or Cemetery		Wilmin		Delaware				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E		LEE A	. Patter	son & S	Son Fun	eral	Home				
	1009.10	THE COL	W. O.		ox 188 .								
	23. PART I. Enter the discisses, or companion, or heef failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Conges	on sech line. Stive heart AS A CONSEQUENCE OF):				or respiratory		Approximate Interval Between Onset end Death				
ATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING Chronic Obstructive Pulmonary Disease OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST												
	PART II. Other algnificant conditions co	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i.											
DICAL						1 [PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEI						_	,,,		1 PYES 2 NO				
AN	25 WAS CASE REFERRED TO MEDICAL			ae Di	ACE OF AEATN (CA	-ak ask ass)							
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 VIDENTIFY 1												
148	27. MANNER OF GEATN	28a, DATE OF INJ			e 5 🗆 Rasidenca		ecify) BE NOW INJURY	occupen					
BY P	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Y		Y WO	PK? YES 2 NO	200. DESCRIE	SE NOW INJURY	OCCORED					
_	3 Suicide 6 Could not be 4 Homicide determined	et, factory, offic			N (Street and Num wn, State)	ber or Rural	Route Number,						
COMPLETED	onel	(Check only 1 CENTIFYING PAYSICIAN: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI D35690	MBER	29d. C	6-15	(Month, Day, Year)						
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Nadeem Qamar M.D., VAMC Perry Point Md. 21902												
	Nadeem Qamar M.D., VAMC Perry Point Md. 21902 31. DATE FILEO (Morith, Day, Vola) JUN 19'90 32. REGISTRAR'S SIGNATURE Subject Savidson—Randoll												
		0	1.0001 - 11 - 10						DUNI 16 Day 1/86				

13146, MAHYLA	decuted within our after death. Page 6 may be retained by the	and completely filled in by the funeral director, page 5 should be	punal, cremation, or removal.	atic event, the medical examiner must be notified at	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be or	be filed within 72 hours after death with the State Lept. of health and mental hygiene phor to burial, cremation, of removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at it	

PHYSICI/

BY

COMPLETED

BE (

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1 - STATE REGISTRAR		MARYLAND / Ce		ICATE					REG. NO.	_				
1. DECEDENT'S NAME (First, Middle, Las								2. DATE 1	OF DEATH	av .	YEAR	3. TIME OF DEATN		
ANDREW	F	ROKITA						JUN	-		990	11: 30p M		
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH		6. BIRTHE	PLACE (State or Foreign		
163-20-3716	163-20-3716 1 X M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.					enna.		
9e. FACILITY NAME (If not institution, give	e street and number)			9b. CITY,	TOWH C	R LOCATI	ON OF D			ATH				
Union Hospita	Union Hospital							Elkton Cecil						
RESIDENCE OF DECEDENT														
10h. STATE 10h. COU			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?		
	Delaware New Castle M											1 XYES 2 ND		
10e. STREET AND NUMBER					101	2 197	-					NAT COUNTRY?		
812 S. Cass	812 S. Cass St.									U.	S.A.			
11. MARITAL STATUS	12. WAS DECEDER	YES 2 N	RMED	13. V	WAS DEC	ENDENT O	OF NISPAI	VIC ORIGIN	(Specify Yes	or No-	14. RACE	- American Indien, White, etc.		
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES						Specif	in, Puerto R y:	ican, etc.)			white		
15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON at of world	na	16b.	KIND OF BU	SINESS/INC	DUSTRY			
Elementary/Secondery (0-12)	College (1-4 or 5	se retired.)												
12		Ba	tter	y As	ssei	nble	r	M	anufa	actu	ring			
17. FATNER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumame)				
Joseph Roki	.ta					El	iza	beth	Bei	ndik				
19e. INFDRMANT'S NAME (Type/Print)									er, City or Tow					
Herma C. Rok	Herma C. Rokita 812						. , M	iddl	etown	n,De	.197	09		
20a. METHOD OF DISPOSITION						netery, crei	metory or		20c. LO	CATION —	City or Tov	vn, State		
4 Donation 5 Other (Specify)	emover from State	- Capi	/	Crei	nate	orv			Do	ver,	Dela	ware		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.1	22. NAME AND ADDRESS OF FACILITY				TY					
124	11+41			Daniels & Mutchison Funeral										
4-01000	11000			212 N.Broad St., Middletown, De. 19										
23. PART I. Enter the diseases, of ahock, or heart fellur	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory errest, shock, or heart feliure. List only one cause on each line.													
IMMEDIATE CAUSE (Final												Onset and Death		
disease or condition resulting in deeth)	a	and	te 1	nuc	Chi	dea	9	ma	una	- 1				
	MMEDIATE CAUSE (Final disease or condition resulting in deeth) Due TO (OR AS A CONSEDUENCE OF): Due TO (DR AS A CONSEDUENCE OF): Due TO (DR AS A CONSEDUENCE DF):													
Sequentielly list conditions.	ь	arkuc	see	rohe	ـ دد	المرا	u_c	tru	des	con				
if any, leading to immediate	DUE TO	DR AS A CONSE	DUENCE D	೯):			2	4	7					
cause. Enter UNDERLYING CAUSE (Disease or Injury	c													
that initiated events	OUE TO	(DR AS A CONSE	QUENCE D	F):										
resulting in death) LAST	d											1		
PART II. Other significant condit	ditions contributing to death but not resulting in the und					g cauaa	given in	Part I.	I. 24a. WAS AN AUTOPSY 24b PERFORMED? 24b		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
								— I	1 YES 2	ON 🗌		COMPLETION OF CAUSE OF DEATH?		
												1 YES 2 NO		

WAS CASE REFERRED TO MEDICAL EXAMINER?

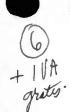
1 YES 2 NO HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28e. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 ND 2 Accident 28e. PLACE DF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

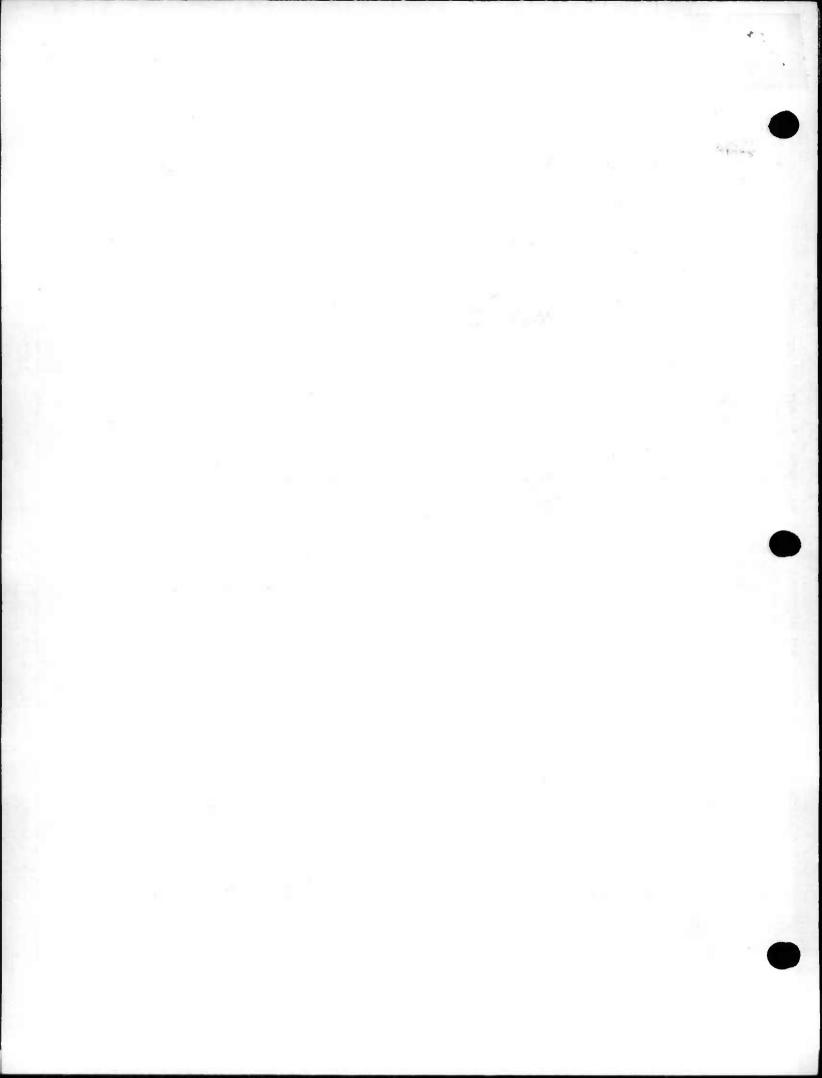
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12 Pennington St., Middletown, De. Kenneth Lewis, M.D.

32. REGISTRAR'S SIGNATURE Fundade 31. DATE FILED (Month, Opy. 1997), 90





TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR		STATE OF MARY		MENT OF I		MENTAL	HYGIENE				
1. DECEDENT'S NAME (Firs	s, Middle, Last)	. Raxi		Y		2. DATE	OF DEATH	- 90	3. TIME OF DEATH		
4. SOCIAL SECURITY NUM 543-70-	1112 1	SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MA	Y 21,	1954	BIRTHPLACE (State or Foreign		
90. FACILITY NAME (If not If	Co. G	en Hos	P	Colum	bia	EATH		9c. COUNTYJOF DEATH OWARD			
100. STATE Maryland	10b. COUNTY Howard	1		TOWN OR LOCAL					10d. INSIDE CITY LIMITS? 1 TYES 2 NO		
4914 Rollin				10	21043	3		10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 2 3 Div	Married 1	P. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	If yes, or	CENDENT OF HISPAI eciti Cuben, Mexice 2 NO Specif	m, Puerto F		or No- 14.	RACE — American Indien, Black, White, atc. Specify: White		
15. DE (Specify on Elementary/Secondary (ION ripleted) College (1-4 or 5+)	18e. DECEDENT'S U (Give kind of w life. Do NOT use Commun	JSUAL OCCUPATION done during me retired.)	est of worldon	18b.	U.S.	Air Fo				
17. FATHER'S NAME (First, A James E Ra	Aiddle, Last)		.1.		18. MOTHER'S NA	ME (First, A	Aiken	Surname)			
ise. Informant's name (r			and Number or Rural				,		
20a. METHOD OF DISPOSIT 1 Burlet 2 Crematt 4 Donation 5 Other	on 3 - Remove	I from State	other place) etro Crema		,,				or Town, State ville Marylan		
1. SIGNATURE OF FUNER		(1)	,		ND ADDRESS OF FA H Witzke						
23. PART I. Enter the ahock, or immediate CAUSE (Fidlesese or condition resulting in death)	neart fallure. Lis nai	nplications that cause to only one cause on RELPETO (OR AS	each line.	17000		-	flac or respli	atory arrest	, Approximate Interval Betwee Onset and Deel		
Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LA:	ridiate ring ury c		A CONSEQUENCE OF):	Stase	10			C work th		
Chrente	ant conditions		but not resulting li		g cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 YNO		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
						_		Ì	1 TES 2 NO		
25. WAS CASE REFERRED EXAMINER?		OSPITAL:	stpatient 3 DOA	OTHER:	LACE OF DEATH (C)						
7. MANNER OF DEATH	Pending	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	E OF 28c. IN	JURY AT ORK?		CRIBE HOW I	JURY OCCUR	ED		
2 Accident Investigation 3 Suicide 8 Could not be determined determined					YES 2 NO	28f. LOC C/ty	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
Conden dray		N: To the best of my kno							ause(e) and manner as stated.		
29b. SIGNATURE AND TITL	E OF CERTIFIER	na			29c. LICENSE NU	MBER	prace, ell	29d. DATE SI	IGNEO (Month, Day, Year)		
30. NAME AND ADDRESS (Somplete Cause of	DEATH (ITEM 27) (Type,	Print) Nert	h Colu.	nbio	MO	210	45		
31. DATE FILED (Month, Day	1°2 '90	32. REGISTRAR'S SIL	Davidson-Ron	delle							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

services in a market and a service and a ser

to bunders tellisticated and residuate and

THE BY A SAME SHOULD BE LIFE IN MICH.

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r flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AN		L HYGIEN							
	1. DECEDENT'S NAME (First, Middle, La	est)			_	OF DEATH		3. TIME	OF DEATH				
	BERNICE E.	RUSSELL			Ju		5, 19	EAR	22 A	м			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		DER 1 YEAR IF UNDER 24 H	RS. 7. DATE	OF BIRTH	8.	BIRTHPLACE (S					
	094-14-8704	1 🗆 M 2 💢 F	9 YRS. MONTH	S DAYS HOURS M	IN. (Mon	th, Day, Year)		lew Yo	ork				
	9a. FACILITY NAME (If not institution, gi	ve street and number)	9b. (TY, TOWN OR LOCATION O			9c. COUNTY						
DIRECTOR	Route 1, Box	21	0	xford			Tall	bot					
EC	10a. STATE 10b. COU		10c. CITY, TOW	N OR LOCATION				10d. INS	SIDE CITY	=			
E I	Maryland T	albot	Oxfo	rd					IITS?				
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT CO						
FUNERAL	Route 1, Box	21		216		U.S.A.							
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF H	ISPANIC ORIGI	N? (Specify Ye		RACE — Amer Bleck, White,	Ican Indian,	\neg			
ВУР	1 Never Married 2 Married 3 WWidowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:									
	-11							white					
E	15. DECEDENT'S E (Specify only highest gr	rade completed)	16a. DECEDENT'S USUA (Give kind of work do	L OCCUPATION one during most of working old.)	168	b. KIND OF BU	SINESS/INDUST	TRY					
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	waitre			res	taurar	nt					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				S NAME (First,					\dashv			
Ö	Fred C. Sly				n Mae								
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR					de)		-			
2	Edith Mae Banning Rt l Box 21 Oxford MD 21654												
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R	6/18/90 201	b. PLACE OF DISPOSITION other place)	(Name of cemetery, cremator	y or	20c. LC	CATION — City	or Town, State		П			
	4 Donalion 8 Other (Specify)	0.00		Memorial 1	Park	Ea	ston,	Mary.	land				
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS ON PURPLE STATE OF THE PU									
	M. E. Neu	odaru III	0-	Easton. Ma									
	23. PART I. Enter the diseases,	or complications that cause re. List only one ceuse on e	d the deeth. Do not ar	ter the mode of dying,	auch se cer	diac or resp	iratory srrest		proximata				
	IMMEDIATE CAUSE (Final	re. List only one couse on e	isch iina.						tarval Betweenset and Dec				
	disesse or condition resulting in death) a. Caudicu Allert Smin-												
	DUE TO (OR AS A CONSEQUENCE OF):												
8	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF):												
CERTIFICATION	if any, leading to immediate couse. Enter UNDERLYING												
FIC	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):												
E	reaulting in death) LAST												
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS												
¥	PART II. Other algorificant condit	1	out not resulting in the	underlying cause give	n in Part i.	24a. WAS AP PERFO	AVAILAB	JTOPSY FINOING LE PRIOR TO	iS				
ă	- Semil D	mentes				1 🗆 YES	NO D	OF DEAT	TION OF CAUSE 'H?				
X								1 🗆 YE	S 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL									4			
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH						\dashv			
¥	27. MANNER OF DEATH	1 Inpetient 2 ER/Out	28b. TIME OF	Nursing Home 5 Reside			INJURY OCCUR	en .		\dashv			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?		JOHNE HOW	MOON! OCCON	20		-1			
BÝ	2 Accident Investigation 3 Suicide Could not	28e. PLACE OF INJURY	/ — At home, farm, street,		_	CATION (Street	and Number or i	Rural Route Num	nber.	\dashv			
COMPLETED	4 Homicide 8 Could not determined	building, atc. (Spe	clfy)		City	or Town, State)			_			
E	29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my know	rladge, death occurred at 1	te lime date and place and	d due to the ce	use(s) and ma	nner on stated			┪			
MP	and the same	fINER: On the beals of examination						ouse(a) and ma	nner se stated.	1			
	29b. SIGNATURE AND TITLE OF CERTI			290: LICENSE				GNED (Month, I		\dashv			
BE	Dal A MINA	Landy	M	1)9	004			L5/90	-sy rout)				
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DI	1 144	1	V 0 1		0/3	27 70		\dashv			
	Robert M. McD	onald, M.D.	30 Dov	er Street,	, East	ton.	MD 216	501					
	31. DATE FILED (Month, Day, Year) 90	32. REGISTRAR'S SIGN								\dashv			
	של כדומת.) STEEMED ACTES	ASSESSMENT OF THE PROPERTY OF										

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IMPUNIANI. II IICIII 60 19 IIIGINGU, OI IICIII 60 SHURS GIIŞ IIIÇIY, OI ONICI GOVINA	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATIO

										51)	10430
	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPARTM				MENTAL	HYGIEN	E		
	1. OECEOENT'S NAME (First, Middle, Last)							2. OATE	OF OEATH			3. TIME OF OEATH
	LINDA LAMB	ERTSON		ST	ERRE	тт		MONTH	16		90	3:10P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	t birthday) IF	UNDER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	217-54-5684	1 □ M 2 💢 F	40	YRS. MON	ITHS DAY	HOURS	MIN.		, Dey, Year)	1949	Country	rginia
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b.	CITY, TOW	OR LOCATI	ON OF OE		y 20,	9c. COUN		
ا چ	Paningula Can	eral Hos	nital		Sa	lisb	11 T V			Wic	omi	CO
۲	Peninsula Gen	CIAI NOC	predi			1100	urj				Omi	
<u>₩</u>	10s. STATE 10b. COUNTY			10c. CITY, TO	WN OR LO	CATION						10d. INSIDE CITY LIMITS?
ੂ	Maryland Wor	cester		Poc	omok	е						1 TYES 2 NO
4	10e. STREET AND NUMBER					101. ZIP COO	E			10g. CITIZ	EN OF W	HAT COUNTRY?
띮	1625 Boston Ro	ad					2185	1			US.	A
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1				ECENDENT (7 (Specify Yes	or No-	14. RACE	— American Indian, Whita, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	•••		ES 2 X NO			sroam, acc.,	- 1	Specif	y:
					l					1_		HITEM
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade		(G	CEDENT'S USU	done during	TION most of work	ing	16b.	KIND OF BUS	SINESS/IND	USTRY	
<u>"</u>	Elementary/Secondary (0-12)	Collaga (1-4 or 5+)	1	. Do NOT use rei	-			- 1				
물	12	4		Teach	er							
응	17. FATNER'S NAME (First, Middle, Last)					16. MOT		(Aiddle, Maiden			
BE	Wilson Lamber	tson							Pouls			
2	19a, INFORMANT'S NAME (Type/Print)			b. MAILING AO								
-	Reid H. Sterre	tt, Sr.	7	625 B				Poc				
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 🔀 Crematton 3 □ Rame	ovat from State	other pl							CATION — C	-	•
	4 🗆 Donation 5 🗆 Other (Specify)		Sal	isbur					Sa	lisb	ury	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				AND ADDRE			г. ном	E		
	Sent S.	Melsa	-		B:	20.	Box"	64	L HOM 21	851		
	23. PART i. Enter the disesses, or o										eet,	Approximete
	ehock, or heert fellure.	Liet only one ceues	on aech ilna	١.								Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final disease or condition	М 1.	. 1.									
	resulting in death)	a. Mult	RAS A CONSE	INJUI OUENCE OF:	ies							-
_	_											
<u>ō</u>	Sequentially liet conditions,	b. OUE TO (O	R AS A CONSE	OUENCE OF):								
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	_										
프	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSE	OUENCE OF):								
F	resulting in deeth) LAST	4										
뜅											Ι.	
AL	PART II. Other significant condition	s contributing to de	ath but not	rasulting in t	ha undari	ing cause	given in	Part I.	24m. WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음								_	1 X YES	NO I		OF DEATH?
M												1 XYES 2 NO
ä												
당	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1~		PLACE OF	DEATH (Ch	neck only o	10)			
S	1 XYES 2 NO	1 Inpetient 2 XE	R/Outpetlant 3		THER:	lome 5 🗆 F	Realdence	6 🗆 Othe	r (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,		26b. TIME O	F 28c.	INJURY AT WORK?		28d. OE	SCRIBE HOW	INJURY OCC	URED	
ВУ	1 Natural 5 Pending 2 X Accident Investigation	6-16-9		1:501		YES 2	NO X					that lost
	3 Suicide 6 Could not be	26a. PLACE OF I building, at	NJURY — At he	ome, farm, stre	et, factory, o	ffice		281. LOC	ATION (Street or Town, State	and Number	or Rural F	Route Number, contr
TED	4 Nomicide detarmined	road									& F	erry Rd.,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated in Cess 2 X MEDICAL EXAMINER: On the 29d. OATE SIONEO (Month, Day, Year)

OCME

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Margarita Penn St., Α. Korel1 M.D Balto., 21201

31. DATE FILED (Month, Day, Year)

NN 21 90

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

6-17-90

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	R	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH	YEAR	3. TIME OF DEATH
MARIE MARTHA	SANTMYER				June	6771	1990	8:14 P. M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	a. BIR	THPLACE (State or Foreign
577-10-1377	1 🗆 M 2 🖵 F	71 YRS.	ONTHS DAYS	HOURS MIN.	Nov. 3	0.19	18 Ge	rmany
9a. FACILITY NAME (If not institution, give st			b. CITY, TOWN OF	LOCATION OF OE			9c. COUNTY OF	
220 Oakwood Ro	ad		Edg	ewater			Anne	Arundel
10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION	ON				10d. INSIDE CITY LIMITS?
Maryland An	ne Arundel	F	Edgewat	er				1 YES 2 NO
10e. STREET AND NUMBER	110 117 1111002	0.00		ZIP CODE		T	10g. CITIZEN OF	WHAT COUNTRY?
220 Oakwood R				21037			U.S.	
11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, spec	NDENT OF HISPAN offy Cuben, Mexican	n, Puerto Rica		Bit	CE — American Indien, ack, White, etc.
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR O	ATES	1 TYES	NO Specify	r:			eclly: hite
15. DECEDENT'S EDUC		18e. OECEDENT'S US	SUAL OCCUPATION	N	16b. KIP	ND OF BUSI	NESS/INDUSTRY	
(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of wor	rk done during mos retired.)	t of working				
Q	-snege (1 - or o +)	Home	maker			Hon	16	
17. FATHER'S NAME (First, Middle, Last)		T G lite	Maker	18. MOTHER'S NAI	ME (First, Midd			
August Przy	hillo			Helen			,	
19e. INFORMANT'S NAME (Type/Print)	01111	19b. MAILING A	DORESS (Street an	d Number or Rural F				
Robin Bunch								D 21037
200. METHOD OF DISPOSITION	206	. PLACE OF DISPOSIT					ATION — City or	
1 XBuriel 2 Cremetion 3 Rem	oval from State	other place)						
4 Donation 5 Other (Specify)	shorts (Lakemor	1t Ceme	CETY DADDRESS OF FAC	CILITY	Day	ridson'	ville, MD
Vokets	Saul	n	Taylo	r Fune	ral C			21401
23. PART I. Entar the diseases, or o	complications that caused	the death. Do no	t antar the mod	la of dying, auci	h aa cardled	or respin	atory arrest.	Approximate
shock, or heart failure.	List only one ceuse on a	ach line.					,,	interval Between Onset and Deeth
iMMEDIATE CAUSE (Final disease or condition	1	/	-					Oliset and Deeth
resulting in deeth)	a	CONSEQUENCE OF:	and	5				
	OUE 10 (OR AS A	CONSEQUENCE OF):						
Sequentielly list conditions,	b	CONSEQUENCE OF):						
If any, leading to immediate cause. Enter UNDERLYING	242 10 (011 110)	. 0011020021102 01).						
CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEQUENCE OF):						+
that initiated events reaulting in death) LAST								
	d							
PART II. Other aignificant condition	na contributing to death b	out not reaulting in	the underlying	cause given in	Part i. 24	a. WAS AN		24b. WERE AUTOPSY FINDINGS
					Ι.	PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					I.	1E3 Z		OF DEATH?
								1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		20 (21	ACE OF DEATH (Ch	ack only one;			
EXAMINER?	HOSPITAL:		OTHER:		, ,			
1 TYES 2 NO	1 Department 2 ER/Out	patient 3 DOA 28b, TIME		5 Reeldence			JURY OCCURED	
1 Natural 5 Pending	(Month, Day, Year)	286. TIME INJU	RY WO	RK? ES 2 NO	200. DESCR	NO MOU 361	JUNI UCCUMED	10
2 Accident Investigation						201 (0)	444-4	10.4.4
3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	r — At nome, farm, sti city)	reet, factory, office	2	City or	Town, State)	nd Number or Rui	ai Houte Number,
							_	
one)	SICIAN: To the best of my know ER: On the basis of exemination							se(e) and manner as stated.
						1000		
296. SIGNATURE AND TITLE OF CERTIFIE	1. Green	al i	MB.	D 26			P 6	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, I	Print)					-
Robert V	4 Gueens	Fle(2) b	1,0 -	139	012	Sale	suman	1751 Rd
JUN 2 2 19	90 Julia Dunde	on fandall		100m	0/0/	15 0	ml.	21401
	W 38							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

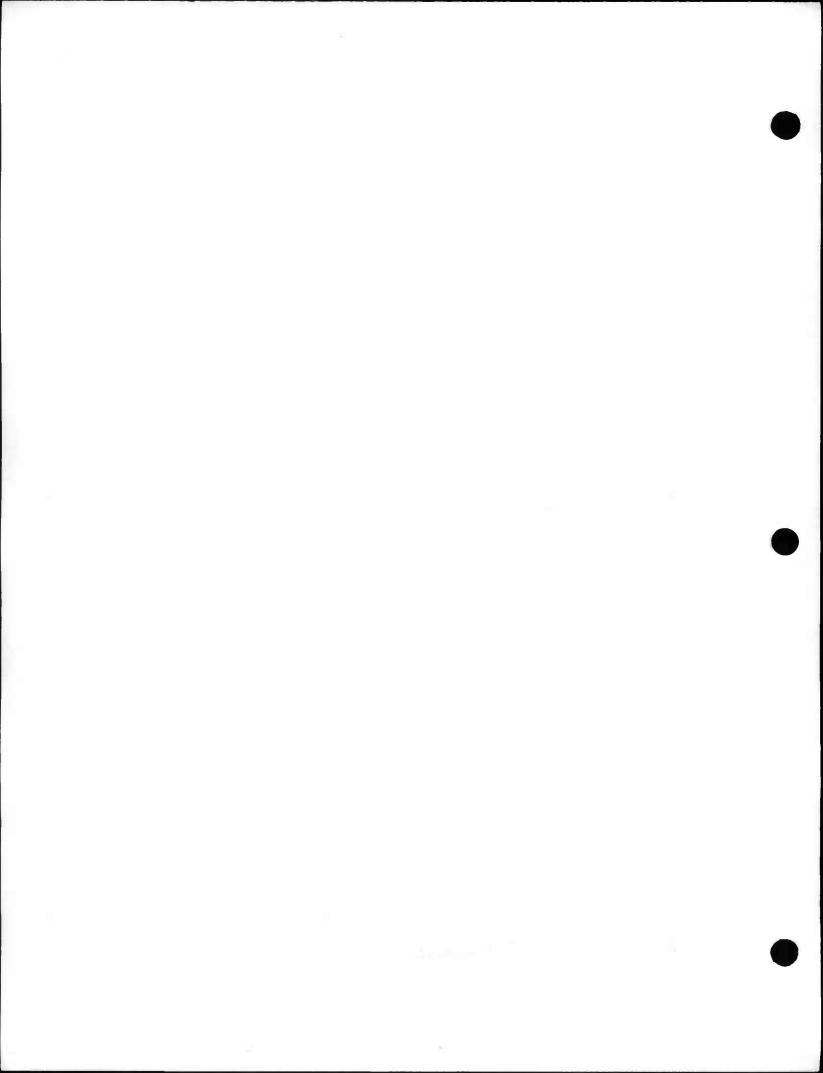
2140 OHMH-16 Rev 1/89 . 10 To c

defined and the contract

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND DEATH		FEG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	erick Joh	1	WARTZ		2. DA	ATE OF DEATH	, 1990	3. TIME OF DEATH Unknown
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEA	AR IF UNDER 24 H	rs. 7. DA	TE-OF BIRTH	6; E	BIRTHPLACE (State or Foreign
	1⊠M2□F 76	YRS.	MONTHS DAY	'S HOURS M	ere.	onth, Day, Year)		ountry) Inknown
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOV	N OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH
DOA Washington Co	unty Hospita	1	Hager	stown			Washi	ngton
10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
Maryland Washi	ngton	На	gersto	wn				1 X YES 2 NO
10s. STREET AND NUMBER				10f. ZIP CODE				OF WHAT COUNTRY?
Patterson Hotel				2174				nown
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes	, specify Cuban, N	laxican, Puer	IGIN? (Specify Year rto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA UNKNOW		"	ves 2 🗆 No s unkno			₹	specify: white
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	USUAL OCCUP	PATION most of working		16b. KIND OF BUSI	NESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)							
unknown 17. FATHER'S NAME (First, Middle, Last)		unkn	own	40 14071450	IS NAME (FI-	rst, Middle, Malden S		
unknown				unkno	,	st, middle, malden s	surname)	
19a. INFORMANT'S NAME (Type/Print)		18b. MAILING	ADDRESS (Str			lumber, City or Town	, State, Zip Coo	de)
Dr. Edward W. Dit	to, III	217 W	. Wash	ington	St., 1	Hagersto	wn, Mo	d. 21740
20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☒ Cremation 3 ☐ Rem	ovel from State	PLACE OF DISPOSI			ry or	20c. LOC	ATION — City	or Town, State
4 Donation 5 Other (Specify)	Sm	ithsburg					ithsbu	urg, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	K	MINN	ICH FUN	of facility ERAL	HOME		
COST O	Junne		415	E. Wils	on Bl	vd., Hag	ersto	wn, Md. 21740
23. PART I. Enter the diseases, or o shock, or heart fellure.	complicatione that caused List only one cause on e		ot enter the	mode of dying	, such as o	cardiec or respir	atory errest	Approximete Intervel Between
IMMEDIATE CAUSE (Fine)								Onset end Deat
disease or condition resulting in death)	Acute and	Chronic A		lism				Many yrs
	DUE TO (OH AS A	CONSEQUENCE OF	7-					
Sequentielly list conditions,	DUE TO (OR AS /	CONSEQUENCE OF	7):					
ceuse. Enter UNDERLYING CAUSE (Disease or injury	с							
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):					
Tooling III double, Exc.	d							
PART II. Other significant condition	ne contributing to death b	out not resulting i	n the under	lying cause give	en in Part i	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
						1 TYES 2	₩ NO	OF DEATH?
								1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEA	TH (Check on	the anal		
EXAMINER? 1 YES 2 NO	HOSPITAL:	nationt 1 DOA	OTHER:	Home 5X Resid				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TJM	E OF 280	L INJURY AT		DESCRIBE HOW IF	NJURY OCCUR	RED
1 🔀 Natural 5 🗌 Pending 2 🗍 Accident investigation	(Month, Day, Year)	INJ	URY 1	WORK?	10			
3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, s	street, factory,	office		LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
4 Homicide determined	500.500							
(Check only	ICIAN: To the best of my know	and the same of th						
2 X MEDICAL EXAMINI	ER: On the basis of examination	on end/or investigatio	n, in my opini	on, death occured	at the time,	data end placa, an	d due to the c	cause(a) and manner ee stated.
29b. SIGNATORE AND TITLE OF CERTIFIE	DiHor	ms		29c. LICENS DO 10				e 20, 1990
30. NAME AND ADDRESS OF PERSON WI								
Edward W. Ditto,			Washir	ngton St	reet,	Hagerst	own, l	Maryland 2174
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							
JUN 26 '90	Julia Davidson	gandelle						

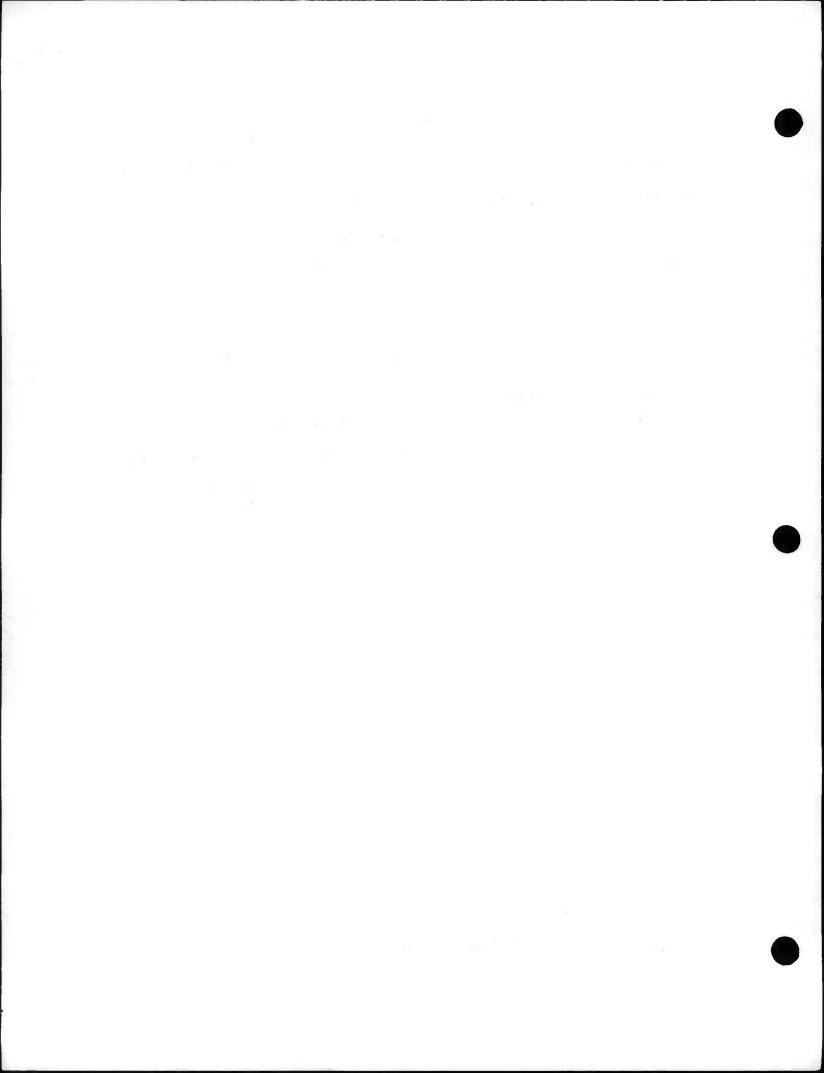


IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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FOR CTATE OF MADY AND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	SIMIE OF MA					DEAT		MENIAL F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			4.					2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH
	GORDON SC	OTT	STOTEL	YER					June		1990	TEAR	м
	4. SOCIAL SECURITY NUMBER 5.	SEX 6.	AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	$\overline{}$	7. DATE OF I			6. BIRTH	PLACE (State or Foreign
	217-90-8363	M 2 □ F	27	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.		1962		ryland
	9e. FACILITY NAME (If not institution, give street	and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE				NTY OF D	
FUNERAL DIRECTOR	Frederick Memorial	. Hospita	1		F ₁	rede	rick				Fr	eder:	ick
띭	10s. STATE 10b. COUNTY			10c. CIT	r, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
盲	Maryland Washi	ngton		I	lage	csto	wn						X YES 2 NO
A.	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
EB	302 North Potomac	Street					2174	10			1	J.S.	A.
5		. WAS DECEDENT E							IIC ORIGIN? (9		or No-	14. RACE	— American Indian, c, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		O			2V NO		n, Puarto Rica	n, etc.)		Speci	
8	15. DECEDENT'S EDUCATI		18a. DEC	EDENT'S	USUAL O	CCUPATIO	ON		16b, KII	ND OF BUS	SINESS/INI	DUSTRY	
ᆸ	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5 +)	llle.	Do NOT us	e retired.)	auring mo	st of workin	g					
린	12		1	lach:	inist	-			Wi	ndow	Mfg	. Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Midd	lle, Maiden	Surname)		
BE (Alfred Leon	Stotlemy	er Si	٠.			Ha	rrie	et E	stel	le	Swe:	lgert
10 B	19a, INFORMANT'S NAME (Type/Print)								Poute Number,	,		,	FE UKC
۴	Howard W. Stotel	myer	4(JI Je	effer	cson	Stre	eet,	Hager	stow	n, Mo	1. 2.	L740
	20a. METHOD OF DISPOSITION 1 Burlet 2 □ Cremation 3 □ Removal	from State	20b. PLACE (OF DISPOS	SITION (No	me of cer	netery, crem	atory or		20c. LO	CATION -	City or To	rwn, Stata
М	4 Donation 5 Dother (Specify)		Rose	9 H1.	1 Ce					Hag	erst	own,	Wash., Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE					D ADDRES				7 77		-
	•				4(iarei	Anti	etar	rman r	Hag	aı Ho ersto	ome,	Inc. Md. 21740
	23. PART i. Enter the disesses, or com												Approximate
	shock, or heart fallure. Lis IMMEDIATE CAUSE (Final	t only one cause	on each line.										Onset end Death
	diseese or condition resulting in deeth) e	p = 9	ne	on fo	000		-		- 4.6				
	resulting in deetily	DUE TO (O	R AS A CONSEC	UENCE O	F):								
z			6-2015			- 6	0-1	0	corre	1000	-7 1		
E	Sequentially list conditions, if any, leading to immediate		R AS A CONSEC										
2	CAUSE (Disease or injury	641				. 6	~~						
Ë	that initisted events resulting in death) LAST	DOE 10 (0	R AS A CONSEC	UENCE O	F):								
CERTIFICATION	d								•				· ·
	PART II. Other significant conditions of	contributing to de	eath but not n	esulting	in the u	nderlyin	g ceuse (given in	Part I. 24		AUTOPSY	24b	WERE AUTOPSY FINDINGS
2									Ι,	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
밃									_ '	L 1-9	7		OF DEATH?
. N													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)				
Sic		OSPITAL:	R/Outpatient 3	□ DOA	OTHE		e 5 □ Ri	aldence	8 Other (S	pecify)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIN		28c. INJ			28d. DESCR		NJURY OC	CURED	
ВУ Б	Natural 5 Pending 2 Accident Investigation	(Month, Day,	loa)	1100	M		YES 2	NO					
	3 Suicide S Could not be	28e. PLACE OF I	NJURY — At ho	me, ferm,	street, fac	tory, offic	4		28f. LOCATI	ON (Street fown, State)	and Numbe	or or Rural	Route Number,
COMPLETED	4 Homicide determined								0.1, 0.1	J. 17.17 J. 18.10,			
2	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of m	y knowledge, de	ath occur	ed at the	lime, data	and place	, and dua	to the cause	a) and ma	nner aa sti	rted.	
MC	one) 2 MEDICAL EXAMINER:	On the basis of axer	nination and/or i	nvestigation	on, in my	opinion, d	laeth occu	red at the	lime, date an	d place, ar	nd dua to t	ha cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
BE	V3 2	1 in	a-z					140	de		•	. /	5/90
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE	OF DEATH (ITE	W 27) (Type	, Print)			. 76				0/0	3770
	Rau					.ck,	Mar	y1ar	nd				11
	31. DATE FILED (Morth, Day, Year)	32. BEGISTRAR	S SIGNATURE					•					
		1 7 0 10	vidson-73										



TO BE COMPLETED BY FUNERAL DIRECTOR

		=
page		P
rector,		EME
Tuneral di	if death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	is marked or item 23 shows any injury or other traumatic event, the medical examiner must be n
IIIe	Oval.	100
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After	death	E
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

											JU	1040	4
FOR STATE REGISTRAR	1.	STATE OF N	MARYL				HEALTH AND	MENTAL	HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First,	, Middle, Last)	Elizab	eth	Dori	s SCI	ILOTTER	BECK	2. DATE	OF DEATH		YEAR	3. TIME OF DEATH	
9412 A1	BETH	+ NOR	15	-	SCH	LOTT.	ZIZ BECI	E 60	18	3	90	0600A	- M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	'in yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (DE BIRTH Day, Year)		6. BIRTH	IPLACE (State or Foreign	
214-09-6861		1 🗆 M 2 💢 F	7:	3	YRS.	ONTHS DAYS	HOURS MIN.	Nov.		916		yland	
9a. FACILITY NAME (If not in	stitution, give :	street and number)				DE. CITY, TOWN	OR LOCATION OF DI				NTY OF D	<u></u>	
Washington	n Coun	ty Hospit	a1			Hage	rstown			Wasl	ning	ton	
10a. STATE	10b. COUNT				10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY	
Maryland	Wash	ington			Hage	rstown						LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER						1	of. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?	
19 Catawl	ba Pla	ce					21740			U.:	S.A.		
11. MARITAL STATUS		12. WAS DECEDEN					ECENDENT OF HISPAI			or No-	14. RACI	E — American Indian, k, White, atc.	_
1 Never Married 2 3		FORCES? 1 IF YES, GIVE V			U		specify Cuban, Maxica S 2 NO Specif		iican, atc.)		Spec		
3 Widowed 4 Divo	orcea	<u> </u>				1					W	hite	
15. DEC (Specify onl	EDENT'S EDU	JCATION e completed)		(G)	un kind of we	SUAL OCCUPAT ork done during r	TION nost of working	16b.	KIND OF BUS	SINESS/IND	DUSTRY		
Elementary/Secondary (C	0-12)	College (1-4 or 5	·)	Ha.	Do NOT use	retired.)							
12		-			1ab	or			aircra		ndus	try	
17. FATHER'S NAME (First, M	fiddle, Last)						16. MOTHER'S NA	AME (First, A	fiddle, Maiden	Sumame)			
C1yde			Ch:	rism			Nettie	Μ.				erday	
19a. INFORMANT'S NAME (t and Number or Rural						
Frederick A	A. Sch	lotterbe	ck	1	9 Cat	awba P	lace, Hag	erst	own, M	d. 2	1740		
20a. METHOD OF DISPOSIT 1 X Burial 2 ☐ Crematic		noval from State		other pla	(eo		cemetery, crematory or		20c. LO	CATION -	City or To	own, Stata	
4 Donation 5 Donat			_ R	ose	H111	Cemete	ry		Hage	rsto	wn,_	Maryland	
21. SIGNATURE OF FUNERA	L SERVICE LI	ICENSEE	1			22. NAME	AND ADDRESS OF FA		INNICH	FIIN	ERAT.	HOME	
(Kale.	. 46	Week				415	E Wilson					, Md. 2174	in
23. PART I. Enter the d		complications the					-				"-	Approximate Interval Between	
IMMEDIATE CAUSE (Fig		0			٨							Onset and De	
disease or condition resulting in death)	\rightarrow	Cardi	ral N	(1)	choc	k ser	molary-	to A	250bg	ble			
, actually		acutero	PH	vende	WENCE OF	rdial	m.I.	100					
Sequentially list conditions if any, leading to imme		b	(OR AS	A CONSEC	UENCE OF	:							
ceuse. Enter UNDERLY	ING	Relati	201	ar.	chals	ion 1	It & her	ht-Ce	rona	rus a	rtes	11	
CAUSE (Disease or injute that initiated events	шу	DUE TO	(OR AS	CONSE	WENCE OF	: , /~	0	100			- 00	8	
resulting in death) LAS	T	. Belater	al.	Rn	luni	nea L	secondo.	to	perro	ites			
DARK II OIL SALES				V									
PART II. Other algnifica			1			the underly	ing cause given in	Part I.	24a, WAS AN PERFOR		241	awailable pride to	
11/121	HEIM	11 8513	152	MS	2				1)4 YES 2	□ NO		COMPLETION DF CAUS	E

OVARIAN	CARCINOMI ALURE		MSTATIC	1) 4 YES 2 [] NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\text{NO} \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 250 NO	HOSPITAL:	3 DOA 4 N	26. PLACE OF DEATH (Called a c		
27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUI	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,

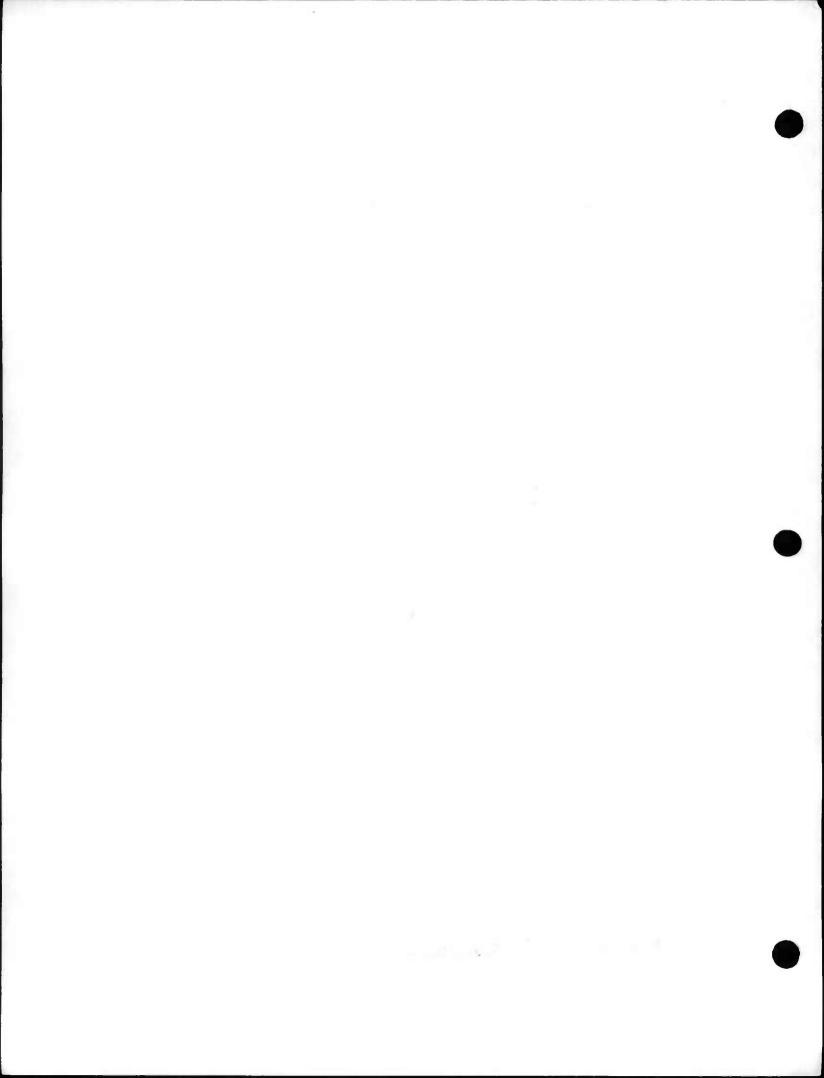
29a, CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

ited.

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation,	, in my opinion, death occured at the time, data and place, ar	id due to the cause(s) and manner as sta
29b. SIGNATURE AND TITLE OF CERTIFIER May & Many &	29c. LICENSE NUMBER D Z 3 8/5	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE
Suhia Davidson-AS



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	burs after death. Page 6 may be retained by the hospital or attending physician.	y miled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extending physician at EUNERAL DIRECTOR: After this certificate has been signed by the attending physician at within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to RTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traum	ecuted with	and completel burial, crema	atlc event,
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certile FUNERAL DIRECTOR: After this certificate has been signed by the attending 5 within 72 hours after death with the State Dept. of Health and Mental Hygie RTANT; If Item 28 Is marked, or Item 23 shows any Injury, or old	ficate be ex	physician a	her traum
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the c E FUNERAL DIRECTOR: After this certificate has been signed by the 3 within 72 hours after death with the State Dept. of Health and Me RTANT: If Item 28 is marked, or Item 23 shows any Inju	death certi	attending intal Hygie	ry, or oth
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires E FUNERAL DIRECTOR: After this certificate has been sign is within 72 hours after death with the State Dept. of Heal STANT: If Item 28 is marked, or Item 23 shows	that the	ed by the	any Inju
E HOSPITAL OR ATTENDING PHYSICIAN: The faw E FUNERAL DIRECTOR: After this certificate has 3 within 72 hours after death with the State Dep RTANT: If Nem 28 Is marked, or 10em 23	requires	been sign	shows
E HOSPITAL OR ATTENDING PHYSICIAN E FUNERAL DIRECTOR: After this certific 3 within 72 hours after death with the 5 KTANT. If 16m 28 is marked, or in the 10 miles of the 10 miles of 10 mi	: The law	cate has	Item 23
E HOSPITAL OR ATTENDING PHE FUNERAL DIRECTOR: After the swithin 72 hours after death within 72 hours after death within 78 Is mark	IYSICIAN	is certification is certification	ed, or
E HOSPITAL OR ATTEN E FUNERAL DIRECTOR: 1 within 72 hours after RTANT: If Item 28 I	DING PH	After th	s mark
E FUNERAL D J within 72 ho	IR ATTEN	INECTOR:	em 28
E FUN	AL O	2 PD	f It
THE OF	SPIT	JERA	=

BALTIMORE, MARYLAND 21203-3146

L VISION OF VITAL RECORDS, P.O. BOX 13146,

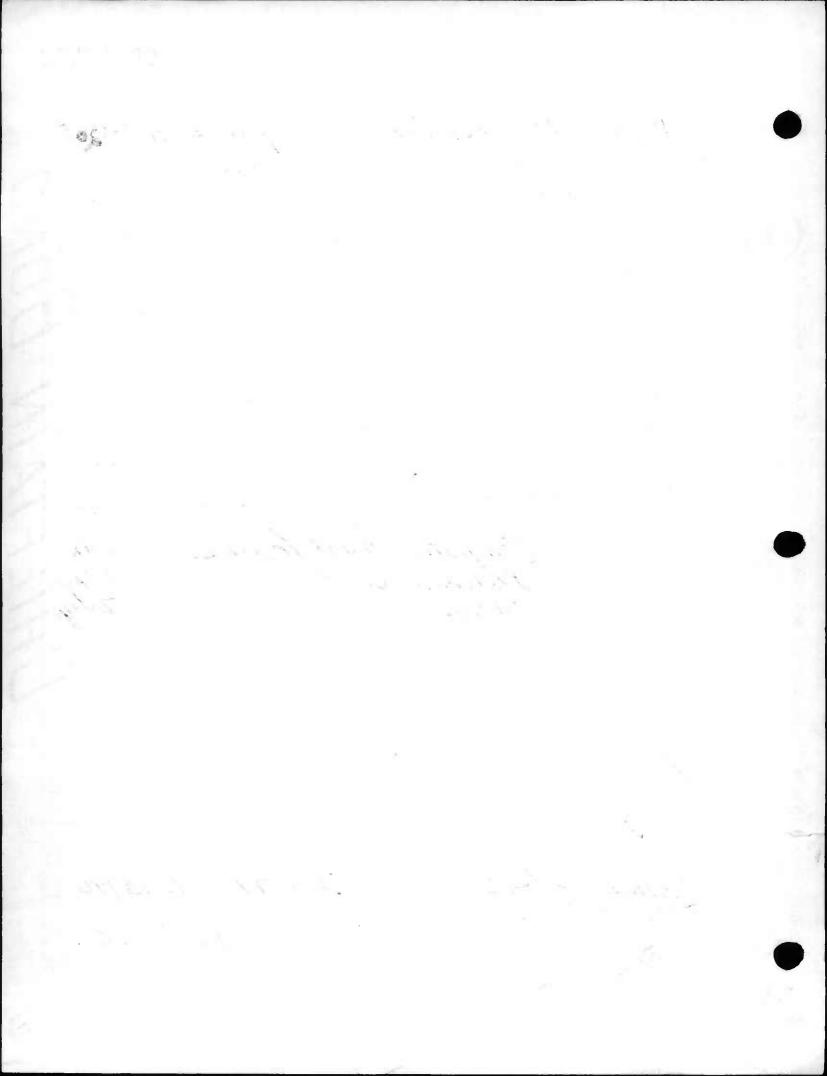
		_	HIOAH	OF DE	AIII		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	M. 5	Sulliv	AN			2. DATE OF	DEATH DAY	19	YEAR 3.	3:30
4. SOCIAL SECURITY NUMBER		E (in yrs. last birthd			DER 24 HRS.	DATE OF (Month, De	BIRTH W. Vanc)		6. BIRTHPLA Country)	CE (State Foreign
200-03-98/16	1 🗆 M 2 🕽	81 YR	IS. MONTHS	DAYS HOUR	IS MIN.			08		ylvania
9a. FACILITY NAME (If not/institution, give a			9b. CITY	, TOWN OR LOC	ATION OF D				TY OF DEAT	
Carroll Manor Nu	rsing Home		Hya	ttsvill	.e			Prin	ce Ge	orge
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Y	10c.	CITY, TOWN	OR LOCATION						d. INSIDE CITY
None None		Was	shingt	on, D.C						LIMITS?
10e. STREET AND NUMBER		, ac	J	101. ZIP C			1	log. CITIZ		COUNTRY?
3804 W Street,	N.W.			200	0.7			USA		
11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED		WAS DECENDEN	T OF HISPA					American Indian, hite, alc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE			If yes, specify C	uban, Maxic NO Speci	an, Puarto Alca lly:	n, etc.)		Specify:	
		1							Whit	e
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN (Give kind	NT'S USUAL O d of work done OT use retired.)	CCUPATION during most of we	orking	16b. Kil	ND OF BUSIN	ESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	House					Own I	I		
17. FATHER'S NAME (First, Middle, Lest)	3	nouse	wile	16 14	OTHER'S N	AME (First, Midd				
William Murphy								rnonney		
19a. INFORMANT'S NAME (Type/Print)		19b. MAJL	LING ADDRES	S (Street and Nun		Smith		State Zin	Code)	
Maureen Rawson				Dr.,Ro					,	
20a METHOD OF DISPOSITION		20b. PLACE OF DIS							ity or Town,	State
1 Denation 5 Other (Specify)	ioval from State	Mt. 01	ivet (Cemeter	v				gton,	/
21. SIGNATURE OF FUNERAL SERVICE LIC	CBUSEE			NAME AND ADD		ACILITY	, nat	,,,,,,,,	L COII	
1) ounder	/3./1.									
	MUNIC	/	2.0	222 111			DeVol			
23. PART i. Enter the diseases, or	Complications that cause	sed the death. (22 Do not ente	222 Wis	consi	n Ave.	. NW . Wa	shi	ngton	D.C.
23. PART I. Enter the diseases, or shock, or heart failure.			22 Do not ente	222 Wise the mode of	consi	n Ave.	NW Wa	ashir	ngton	D C
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition			22 Do not ente	222 Wise	CONSI	n Ave.	NW Wa	ashir	ngton	D.C. Approximate Interval Betw
shock, or heart failure. IMMEDIATE CAUSE (Final			Do not enter	222 Wise	consi	n Ave.	NW Wa	ashir	ngton	D.C. Approximate Interval Betw
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition			Do not ente	222 Wise	consi	n Ave.	NW Wa	ashir	ngton	D_C Approximate interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,			Do not enter	222 Wise	consi	n Ave.	NW Wa	ashir	ngton	D_C Approximate Interval Between
shock, or heart failure. iMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING			Do not enter	222 Wise	Consi dying, su	n Ave.	NW Wa	ashir	ngton	D.C. Approximate Interval Betw
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events			Do not enter	222 Wise	consi dying, su	n Ave.	NW Wa	ashir	ngton	D.C. Approximate Interval Betw
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			Do not enter	222 Wist	Consi	n Ave.	NW Wa	ashir	ngton	D.C. Approximate Interval Betw
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Bue to joh at Due to joh at	A CONSEQUENCE	Do not ente	Alexander of the mode of	dying, su	n Ave.	NW Wa	ashin lory arre	ngton lat,	Approximate interval Betw Onset and Do
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Bue to joh at Due to joh at	A CONSEQUENCE	Do not ente	Alexander of the mode of	dying, su	n Ave.	Dr respirat	UTOPSY	agton at,	Approximate interval Betw Onset and Do
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Bue to joh at Due to joh at	A CONSEQUENCE	Do not ente	Alexander of the mode of	dying, su	n Ave.	NW WE	UTOPSY	24b. WI	Approximate interval Betwo Onset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De
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shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. Bue to joh at Due to joh at	A CONSEQUENCE	Do not ente	nderlying cau	dying, such	n Ave.	Dr respirat	UTOPSY	24b. WI	Approximate interval Betwo Onset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De
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shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition 25 WAS CASE REFERENCE TO MEDICAL EXAMINERY	BUE TO (OR ALL BUS PITAL: 1 Inpetient 2 ER/O 280. DATE OF INJUR	A CONSEQUENCE A	DO NOT ONLY OF THE OFFI	nderlying causes and a second	me given in	n Ave ch ss cardiac	A. WAS AN AL PERFORMI	TOPSY ED?	24b. WM CC OF	Approximate interval Betwo Onset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De
shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition 21. WAS CASE REFERENCE TO MEDICAL EXAMINERY 1 YES 2 NO 37. MANNING OF DEATH 1 Matural 6 Pending	DUE TO OR AL B. DUE TO OR AL B. DUE TO OR AL B. DUE TO OR AL C. DUE TO OR C. DUE TO OR AL C. DUE TO OR AL C. DUE TO OR AL C. DUE TO OR	A CONSEQUENCE A	Do not enter	nderlying causes and state of the mode of	me given in	n Ave ch ss cardiac	A. WAS AN AL PERFORMI	TOPSY ED?	24b. WM CC OF	Approximate interval Betwo Onset and De Cons
shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 1 YES NO 17. MANUFART OF DEATH 1 Manufal 6 Pending Investigation 2 Accident 3 Suicide 6 Could not be	DUE TO OR AL B. DUE TO OR AL B. DUE TO OR AL B. DUE TO OR AL C. DUE TO OR C. DUE TO OR AL C. DUE TO OR AL C. DUE TO OR AL C. DUE TO OR	A CONSEQUENCE A CONS	DO not enter	nderlying causes and a second	me given in	n Ave	A. WAS AN AL PERFORMI YES 2 ON (Street and (Street a	JTOPSY ED?	24b. William AM CCF	Approximate interval Betwo Onset and De Cons
shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition 24 WAS CASE REFFIRED TO MEDICAL EXAMINERY 1 YES 2 NO 37 MANNIN OF DEATH 1 Manufal 6 Pending investigation	But to on a but to	A CONSEQUENCE A CONS	DO not enter	nderlying causes and a second	me given in	n Ave	AWAS AN AL PERFORMI	JTOPSY ED?	24b. William AM CCF	Approximate interval Betwoonset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De
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shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition The Manual of Death Manual of Death Manual of	BUE TO (OR AL DUE TO	A CONSEQUENCE A CONSEQUENCE B A CONSEQUENCE The but not result Dutpetlant 3 DC Pary 2ab. URY — Al homa, fa	DO not enter DE OF): DE OF): CE OF):	nderlying cause and properties and p	or DEATH (C	n Ave ch ss cardiac ch	A. WAS AN AL PERFORMI YES 2 DON (Street and own, State)	JTOPSY ED? NO NO NO NO NO NO NO NO NO N	24b. Will AM CC OF 1 1 URED	Approximate interval Betw Onset and Do Allable PRIOR TO MAPLETION OF CAUSTING AT THE PRIOR TO MAPLETION OF CAUSTING AND THE PRIOR TO MAPLETION OF CAUSTING AND THE PRIOR TO MAPLETION OF CAUSTING AND THE PRIOR TO TH

31. DATE FILED (Month, Day, Year)

JUN 1 8

Lulia Davidson-Rendell

DHMH-16 Rev 1/89



MPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIF	ICATE OF	DEATH	1	REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
BLANC	HE	V.	SIMM	EL.			JUNE	16		90	3:15 P.
i. social security numb 577–54–6852	ER		AGE (In yrs. In	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ay, Year)	903	Count	IPLACE (State or Foreign
e. FACILITY NAME (If not in:	stitution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DI		50, 1		NTY OF D	
4302 FRAN		STREET			K	ENSINGTON	1		MON	TGOM	IERY
MARYLAND	10b. COUNT	MONTGOME	RY	10c. CIT	y, town or loca KENS	INGTON			····		10d. INSIDE CITY LIMITS? 1 YES 2 NO
0e. STREET AND NUMBER					10	. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
4302 FRA	NKLIN	STREET				2089	95		υ	SA	
1. MARITAL STATUS Never Merried 2 X Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 X		If yes, sp	ENDENT OF HISPAL ecity Cuben, Maxico 2 NO Specif	en, Puerto Rica	Specify Yee in, etc.)	or No—	14. RACI Blac Spec	E — American Indien, k, White, etc.
	EDENT'S EDI		16a. D	ECEDENT'S	USUAL OCCUPATI	ON	16b. KI	ND OF BUS	SINESS/IN	DUSTRY	
(Specify only Elementary/Secondery (0	highest grad	College (1-4 or 5+)		ERK	work done during m se retired.)	est of working	BUR	EAU C	F EN	IGRAV	ING
7. FATHER'S NAME (First, M	iddle, Last)					16. MOTHER'S NA	ME (First, Mide	de, Maiden	Surname)		
THOMAS BL	ANDFO	RD				EMMA	CARRO	LL			
e. INFORMANT'S NAME (7	/pe/Print)		11	b. MAILING	ADDRESS (Street	and Number or Rural	Floute Number,	City or Tow	n, State, Zi	p Code)	
CHARLES F.	MURRA	AY, SR. (SON)	5906	60th A	ZENUE, RI	[VERDA]	LE, N	IARY L	AND	20737
ABurial 2 Cremetic		- complete - Chate	20b. PLACE	OF DISPOS	SITION (Name of ce	metery, crematory or		20c. LO	CATION -	City or To	own, State
□ Donation 5 □ Other		moval from state	ARLI	NGTON	NATIONA	AL CEMETE	ERY	ARLI	NGTO	N, V	IRGINIA
1. SIGNATURE OF FUNERAL	METRINCE L	ICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY	EIMEI	AT T	OME	TNC
1 11-	200	092								_	SP., MD 20
disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LAS	dista NG ry	b. DUE TO (C	OR AS A CONSE	OUENCE O	artery	A fai	lure				1 ment
Small	hour	one contributing to deal Motific	. 1		der		1	PERFOI	RMED?	248	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	LACE OF GEATH (C)	heck only one)				
1 YES 2 PAG		1 - Inpatient 2 -		_	4 - Nursing Ho	ne 5 Presidence			the second		
	Pending Investigation	28a. DATE OF II (Month, Day		28b. TIN		JURY AT DRK? YES 2 ND	28d. OESCF	NBE HOW	NJURY O	CUREO	
a D Suitate	Could not be determined	26a. PLACE OF building, a	INJURY — At to ic. (Specify)	ome, farm,	street, factory, offi	De	281. LOCATI City or	ON (Street Fown, State)	and Numbe	er or Rural	Route Number,
(Oraca Oray	ICAL EXAMIN	SICIAN: To the best of m					e time, date an		nd due to t	the cause(a) and menner ea state:
O, NAME AND ADDRESS OF	· Ot	HO COMPLETED CAUSE	M, L) EM 27) (Type	a, Print)	02	1115		•	6/1	8/90
LEE R. T	enn		M. D.	56	102 Sh	ields O	rive	Be	these	a, M	0,2081
JUN 1.9"	90	Julia Dev	doon-No	KARL							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the theorities that the death or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft permit, to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	1. OECEDENT'S NAME (First, Middle, Last)	W.		2. DATE OF DEATH	w wran	3. TIME OF OEATH				
ľ	Milada (Ladi) A. Schmid				MONTH DAY YEAR June 16, 1990					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC	E (In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		10:20 A M				
	476-03-6053 1 N 2 XF		ITHS DAYS HOURS MIN.	(Month, Day, Year)	1919 Min	itry)				
	9a. FACILITY NAME (If not institution, give street end number)	96	CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF					
E	11716 Ambleside Drive		Potomac		Montgo	mery				
E	RESIDENCE OF DECEDENT				Monego	Janely .				
ĕ	10a. STATE 10b. COUNTY	10d. INSIDE CITY LIMITS?								
DIRECTOR	Maryland Montgomery Potomac									
#	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	11716 Ambleside Drive		20854		United	States				
3	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT OF HISPAI		or No- 14. RAC	CE — American Indien, ck, White, etc.				
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced FORCES? 1 YES, GIVE WAR OF		If yes, specify Cuban, Mexica 1 ☐ YES 2 🔀 NO Specifi			city:				
	15. OECEDENT'S EDUCATION	140. DEGEDENTIS HOL	IAL COMPLETION	Last VIIID OF DUG		White				
COMPLETED	(Specify only highest grade completed)	(Give kind of work	done during most of working tired.)	16b. KIND OF BUS	SINESS/INDUSTRY					
	Elementary/Secondary (0-12) College (1-4 or 5+) 1.2									
M		Homemak	-		Home					
8	17. FATHER'S NAME (First, Middle, Last)		A. M. C. C. C. C. C. C. C. C. C. C. C. C. C.	ME (First, Middle, Maiden	Surname)					
띪	Will Cerny			Marzolf						
후	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural							
۱ ٦	John F. Schmid	11716 A	mbleside Drive							
	28e, METHOD OF DISPOSITION 1 Buriel 2 X Cremation 3 Removal from State	other place)	ON (Name of cemetery, crematory or	1	CATION — City or	Town, State				
	4 Donetton 5 Other (Specify)	Montgomery	Crematorium,		hesda, M					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	GLITY Robert	A Pumph	rey Funeral				
	· Will EtBourn	M00672	22. NAME AND ADDRESS OF FA HOME/Rockvil Avenue Rockv	ille, Mary	Yand 208	350-2805 T				
	23. PART i. Entar the diseases, or complications that cau		antar the mode of dying, suc	h as cardiac or respi	retory arrest,	Approximata				
	shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final	n aach lina.				Intarval Batween Onset and Death				
	disease or condition	ell Carcino	ma of Tung			10 months				
ŀ	robutting in dustry	AS A CONSEQUENCE OF):	ma or hung			10 months				
_		•								
CERTIFICATION	Sequentially list conditions, DUE TO (OR A	AS A CONSEQUENCE OF):								
AT	if any, leading to immediata cause. Enter UNDERLYING									
임	CAUSE (Disease or injury that initiated events	AS A CONSEQUENCE OF):								
E	resulting in death) LAST									
8	d									
	PART ii. Other significant conditions contributing to deat	h but not resulting in t	ha undarlying cause given in	Part J. 24a. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
DICAL				1 □ YES 2		COMPLETION OF CAUSE OF DEATH?				
MEC						1 TYES 2 NO				
2										
¥	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	neck only one)						
S	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpution: 2 ER/		THER: Nursing Home 5X Residence	B C Other (Specific)						
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJU	RY 28b, TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED					
	1 Natural 5 Pending (Month, Day, Ye.	er) INJUR	WORK? M 1 YES 2 NO							
B	2 Accident Investigation	URY — At home, farm, stre		26f, LOCATION (Street	and Number of Rura	I Route Number				
8	3 Suicide 6 Could not be building, etc. (Specify)	at, motory, orne	City or Town, State)		, , , , , , , , , , , , , , , , , , , ,				
COMPLETED	29e. CERTIFIER									
릴	(Check only			* -						
S	One) 2 MEDICAL EXAMINER: On the basis of axamin	ation end/or investigation, i	n my opinion, death occured at the	time, date and place, er	nd due to the cause	e(a) and manner se stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE SIGNI	ED (Month, Day, Year)				
BE (120 huen				June	18, 1990				
			inth		•					
6	36 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	inj							
۲	John Phares, M.D. National	. Naval Medi		ethesda, Ma	ryland					
7	John Phares, M.D. National 31. Date FileD (Month, Day, Year) 32. REGISTBAR'S S	. Naval Medi	cal Center, Be	ethesda, Ma	ryland					
)T	John Phares, M.D. National 31. Date FileD (Month, Day, Year) 32. REGISTRAR'S	. Naval Medi		ethesda, Ma	ryland					



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be do	ept.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLA					EALTH AND DEATH	MENTA	L HYGIEN					
	1. DECEDENT'S NAME (First,	Middle, Last)									E OF DEATH			3. T	ME OF DEAT	н
	William		J.	Sett	e					Jui		AY 1 1 C	990		2:15	ΔМ
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last b	irthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1.	8. BIRT	HPLAC	E (State or For	reign
	004 07 454	0.1	1 🖵 M 2 🗌 F			YRS.	MONTHS D	AYS	HOURS MIN.		th, Day, Year)	1000	Coun	ntry)		
	086-07-45			L8	33						ne 23.		UNTY OF			
~			· ·						R LOCATION OF D	EATH		1111				
DIRECTOR	6017 Madaw		{oad				Beth	esc	la			Mon	tgom	nery	r	
2	RESIDENCE OF DEC	10b. COUNTY	,		1.	10. CIT	Y, TOWN OR I	OCATI	ON					104	INSIDE CITY	
E	City in the				2				ON					100	LIMITS?	
	MD	Mont	gomery			Ве	thesd								YES 2	NO
¥	10e. STREET AND NUMBER							101.	ZIP CODE						COUNTRY?	
BY FUNERAL	6017 Madawa	iska Ro	oad						20816			U	.S.A	Α.		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARME	E 0			NDENT OF HISPA			or No-	14. RAC	CE - A	merican India	ın,
E	1 Never Married 2 🔀		FORCES? 1						city Cuban, Maxico 2 NO Speci		Rican, etc.)				hite	
	3 Widowed 4 Divo	roed												W	nite	
COMPLETED		EDENT'S EDU			16a. DECE	DENT'S	USUAL OCCU	JPATIO	N	16	b. KIND OF BU	SINESS/IN	IDUSTRY			
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김			7	·	Phys	sic	ist				U.S. G	ov't				
8	17. FATHER'S NAME (First, M.	liddle, Last)							18. MOTHER'S NA				_			
Ö	A. Simeon	Satta						- 1	Adeli			,				
BE	19a, INFORMANT'S NAME (7				Louis							0				
2									nd Number or Rural					,		
	Elizabeth		te						a Rd.,	Betn			2081	_		
	20a, METHOD OF DISPOSITI		oval trom State	20b.	PLACE OF other place	DISPO	SITION (Name	of cem	etery, crematory or		20c. LC	CATION -	- City or 1	Town, S	teta	
- 1	4 Donation 5 Dother			_ N	ation	na1			Park		F	alls	Chu	rch	, VA	
	21. SIGNATURE OF FUNERA	SERVICE LIC	CENSEE	0					D ADDRESS OF F		_					
	Donial.	1 2	SA	V,	,				Gawler							
	100000	was:	-(10 00	<u> </u>	40~				lisconsi					n,D		
	23. PART I. Enter the di shock, or h		complications the			h. Do	not enter th	e mod	de of dyling, euc	ch es ce	rdiec or reep	iratory a	rrest,	- [Approxima	
	IMMEDIATE CAUSE (Fir	nel												[Onset and	1 Death
	disease or condition resulting in death)	→	. Ventri	cular	fib	ril:	lation							- [immed:	iate
	rosulting in dealing		DUE TO	OR AS A	CONSEOU	ENCE O	₩F):					_	-			
_			Alzhein	ner's	dise	ease	e-prog	res	sive					. !	1985	
⊴	Sequentielly list conditi if env. leeding to imme	lons,	b. Alzhein	OR AS A	CONSEOU	ENCE O	F):									
ξI	cause. Enter UNDERLY		Feconti													
윤	CAUSE (Disease or Injute that initiated events	iry	OUE TO	Essential hypertension oue to (or as a consequence of):										7 yrs	-	
CERTIFICATION	resulting in death) LAS	T	. Arterio	sec1a	roti	c h	aart d	ice	256					ļ	unkno	T-713
9		-	d Altelic	JOCTE	TOLIC	C 110	cart u	130	ase					-	diikiio	WII
- 1	PART II. Other eignifice	ent condition	ns contributing to	deeth bu	ut not res	sulting	In the unde	rlying	ceuse given in	Pert I.	24a, WAS AI		/ 24		E AUTOPSY FI	
PHYSICIAN: MEDICAL	Chronic ob	struct	tive puln	nonar	y di	seas	se				PERFO			CON	LABLE PRIOR IPLETION OF C	
											1 TYES	ZA NO			EATH?	
Σ	<u>Hypothyroi</u>	ulsiii												1 [_	YES 2 🗍 I	NO
ž																
5	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:				OTHER:	26. PL	ACE OF OEATH (C	heck anly	one)					
S	1 ☐ YES ZŒNO		1 Inpetient 2	☐ ER/Outpa	atient 3	DOA		g Home	5 X Residence	6 🗆 Ott	her (Specify)					
동	27. MANNER OF DEATH		28s. DATE Of (Month,)			26b. TIR	ME OF 20	Sc. INJI		26d. D	ESCRIBE HOW	INJURY O	CCURED			
ВУ	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation															
	a D sulette	Could not be				e, farm,	street, factory	, office	1		CATION (Street		er or Rure	l Route	Number,	
COMPLETED		determined	рининд	, etc. (Speci	··/)						ly or Town, State	7				
Ш	29a, CERTIFIER						450		and the same	100		the table				
4	(Check only 12% CER		ICIAN: To the best o													
ō	MED	ICAL EXAMINE	ER: On the beels of	examination	and/or Inv	restigati	on, in my opir	nion, d	eath occured at th	e time, de	te and place, a	nd dua to	the cause	e(a) and	manner as s	rated.
Ш	296. SIGNATURE OND TITLE	OF CERTIFIE	1/ 04						29c. LICENSE NU	MBER		29d. D/	TE SIGNE	ED (Mon	nth, Day, Year)	
00	Thurs	10 2	Mu	11	20	1.	MD		DC935			I.◀	une	14.	1990	
임	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETEO CAL	JSE OF DEA	ATH.//TEV	SPYTNO	a, Print)					1 0		- 1 9	-//0	

Francis J. Murray, M.D., 3301 New Mexico Ave, NW, Washington, D.C. 20016

38. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, F.O. B	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene
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4	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
П.	DECEDENTIS MARKE (First Middle Look)		A DATE OF BEATH

_	TILOIGITIAIT			/ C /(())	IVAL				- 11	EG. 140.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH		YEAR	3. TIME OF DEATH	
- 1	LOUISE					JUNE 16 1990 4				4:40 p m				
	4. SOCIAL SECURITY NUMBER	IUMBER 5. SEX 8. AGE (In yrs. les				ITH ist birthday) IF UNDER 1 YEAR IF UNDER 24 HR			7. DATE OF BIRTH 8. BIRT				PLACE (State or Foreign	
	578-24-5125	24-5125 1 M 2 X F 77 YRS. MONTHS DAYS HOURS MIN. (Month, Day, 1)				y, Year) 4 1	912	Country	n., DC					
	9a. FACILITY NAME (If not institution, give st		11		01-0171	V TOMAL	OR LOCATI			4 1	_	NTY OF DE		
~									AIN					
ē l	43 WEST LENOX STR	EET			CHE	CVY (CHASE	;			MON	TGOM	ERY	
ច្ច	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 CIT	Y, TOWN	OBLOCA	TION					1	10d. INSIDE CITY	
DIRECTOR													LIMITS?	
9	MARYLAND MONTG	OMERY		CHE	VY C	_							1 VES 2 NO	
₹	10e. STREET AND NUMBER					10	f. ZIP COD	= -			- 27		HAT COUNTRY?	
ᇤᅵ	43 WEST LENOX S	TREET					208	15			U.	S.A.		
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED					IC ORIGIN? (S		or No-		- American Indian, White, atc.	
L.	1 Never Married 2 Married	IF YES, GIVE V	YES 2 X	Лио			S 2 X NO		n, Puerto Ricar :	1, atc.)		Specify		
	3 Widowed 4 Divorced				-		71					Whi	te	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, I	DECEDENT'S	USUAL C	CCUPATI	ON		18b. KIN	O OF BUS	INESS/IN	DUSTRY		
ᆸ	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	during in	OSI DI WOFKI	ny						
립		4		ffice	r					Real	Est	ate		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18, MOT	HER'S NA	ME (First, Middl	e, Maiden	Sumame)			
	Charles N. Tompk	ins						Lida		Tomr	kins			
B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORES	S (Street			Route Number, C					
2	Brainard Parker		- 1											
	20e. METHOD OF DISPOSITION	-		E OF DISPO				The second second	polis,	/ — — — · · · · · · · ·		City or Tov		
	14 Burial 2 ☐ Cremation 3 ☐ Rame	oval from State	other	place)			emetery, cres	matery or					wn, State	
	4 Donation 5 Other (Specify)		_ Roc	ck Cre						Wa	ısh.,	DC		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	\cap				h Car		s Sons	Tr	10			
	micha	12	hill	1 -					W Wash			016		
	23. PART I. Enter the diseases, Dr o	omplications the	t caused the	death. Do									Approximate	
	shock, or heert fallure.						o,			от тобра	,		Interval Between	
	I IMMEDIATE CAOSE (Fille)										Onset end Deeth			
	disease or condition resulting in deeth) a. Respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF):										Immediate			
	1110. Table 11.1 Statement 2011													
Z	Sequentielly list conditions,		tatic E			icer						5 Yrs.		
Ĕ	if eny, leeding to immediate ceuse. Enter UNDERLYING	00E 10	(OH AS A CONS	SEQUENCE C	H-):									
0	CAUSE (Diseese or injury	C. DUE TO	(OR AS A CONS	PEOLIENCE C	ID.									
ËΙ	that initiated events resulting in deeth) LAST	DOL 10	(UN AS A COME	SEGOENCE C	·).									
CERTIFICATION		d											<u> </u>	
	PART II. Other significant condition	s contributing to	death but no	t resulting	in the u	ınderiyiı	ng ceuse	given in	Part I. 24		AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL		_								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									— ''	YES 2	NO.		OF GEATH?	
													1 TYES 2 NO	
ż														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		PLACE OF I	DEATH (Ch	eck only one)					
Š	1 □ YES X□ NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA			me 5 🗓 R	laaldenca	s 🗆 Other (Sp	pecify)				
É	27. MANNER OF DEATH	28s. DATE Of	F INJURY Day, Year)	28b. TII	AE OF JURY		IJURY AT		28d. DEŞCRI	BE HOW I	NJURY O	CCUREO		
ВУ	1 Neturel 5 Pending	(1	М		YES 2	□ NO						
	2 Accident investigation 3 Suicide s Could not be	OF INJURY At	home, farm,	street, fa	ctory, off	lca		28f. LOCATIO			er or Rural R	loute Number,		
	4 Homicida detarmined	building	, atc. (Specify)						City or K	own, State)				
Щ	29a. CERTIFIER AND CERTIFICATION DUVING	NAME TO BE SEEN ASSESSED.						200						
MP	(Check only one) 1 X CERTIFYING PHYSI (Check only one)) and manner as stated.	
COMPLETED	2 MEDICAL EXAMINE	H: Of the beat of t	EXERTIFICATION SINGS	or investigati	on, in my	opinion,	death occu	ared at the	time, data and	piaca, ar	id dus to	me cause(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)														
	112	nus		-							J	une l	18, 1990	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAL	The same of the sa		111111									
	FREDERICK P. SMT	ETH	5401 W	ESTER	N AV	E., N	I.W.	WASH	INGTON	, D.	C. 2	0015		
	31. DATE FILED (Month, Day, Year)	32 ÆEGISTR	AR'S SIGNATURE	E										
	חטי מיד אנוו.	1. 7.	avidron-1	7 8 00										

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CI	ERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)						2. DATE O	OF DEATH		YEAR	3. TIME OF OEATH
_ Edwa	ard Jo	ya Silva					06	10	2	90	10:50 a.m.
4. SOCIAL SECURITY NUME 578-18-889		5. SEX 1 M 2 F	AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE O	P BIRTH	900	a. BIRTI	ippines
90. FACILITY NAME (If not in Carriage Hi	11 Nur					Spring	EATH		9c. COUN		
RESIDENCE OF DEC	10b. COUNTY	,		10c. CITY. 1	OWN OR LOCA	TION	•				10d. INSIDE CITY
Maryland	Princ	e George's			tsvill						1 YES 2 NO
3318 Lancer	Drive	1			10	20782			U.S	.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	•	12. WAS DECEDENT EV FORCES? 1 U IF YES, GIVE WAR	YES 2 🔼		If yes, sp	CENDENT OF HISPAI ecify Cuben, Mexico 2 2 NO Specif	en, Puerto R		or No—		E — American Indian, k, Whita, etc. "Lippino
15. DEC (Specify onl	EDENT'S EDU	CATION completed)	(6	live kind of worl	UAL OCCUPATI	ON ost of working	16b.	KIND OF BUS	SINESS/IND	USTRY	Conomal
12th Grade	0-12)	College (1-4 or 5+) 2 Years		ef of	Duplic	ating	U. :	S. Gov	ernm	ent-	General Accounting
17. FATHER'S NAME (First, M						18. MOTHER'S NA			Surname)		Office
Simeon Silv						Francis					
19a. INFORMANT'S NAME (ouse)				and Number or Aural					20782
20s. METHOD OF DISPOSIT 1. Buriel 2 Cremete 4 Donation 5 D Other	ION on 3 - Rem	oval from State	Fort.	of dispositi	n Ceme	metery, crematory or Lery			cation —		wn, Stata Iaryland
21. SIGNATURE OF FUNER	-	CENSEE			22. NAME A	ND ADORESS OF FA		ns Fur	neral	Hon	ne, P.A.
23. PART i. Enter the d	10	70/10	~~								.e, Md. 20781
aĥock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme	nsi	· Ather		bral (couence of):	nfusc	hin					interval Between Onset and Death Whinkles
cause. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing iry	d		QUENCE OF):							1
PART il. Other algnific	ondition	s contributing to de	ath but not	resulting in	tha undariyir	ig cause given in	Part i.	24a. WAS AN PERFOR	AUTOPSY RMED?	24	AWAILABLE PRIOR TO
Ostumi.	hutin	Photo	tic !	type	place	moffee	eny	1 ☐ YES 2	THE		COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED	TO MEDICAL	sounce	syns	man	26. P	LACE OF DEATH (C)	heck only on	n)			
EXAMINER?		HOSPITAL:	(Outpetient		THER:	ne 5 🗆 Residence	6 ☐ Other	(Specify)			
27. MANNER OF DEATH	Pending	28s. DATE OF INJ	URY Rest)	28b. TIME (OF ZOC IN	JURY AT DRK? YES 2 NO	-	CRIBE HOW	INJUTTY OC	CURED	
3 Suicide 6 4 Homicide	Investigation Could not be determined	29a. PLACE OF IN		oma, farm, atre	- Charles	THE STATE OF	28f, LOCA City o	ATION (Street or Town, State)	and Number	or Rural	Flouble Mumbler,
29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of my	11.00.00.00.00.00.00.00.00.00.00.00.00.0								ia) and manner as stated.
29b. SIGNATURE AND TITL	S D	ga mi	a	Hendin	phyru	29c. LICENSE NU	JMBER		29d. DAT	E SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF	F PERSON WI	OCCUMPLETED CAUSE OF	OF OEATH (IT	EM 27) (Type, P	530	Wiscon	n. Ac	e C	huy C	la	ned 2080
JUN 15 30	Year)	32. REGISTRAN'S	SIGNATURE	,				-	/		
×	- 77	~ 40 mon (000)	- Nonthram	9							DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

JUN 1 8 '90

	1 - FOR STATE OF MA		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle Leat) Margaret. Margaret Louis.	Louise Shaffe	fer	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	578140599 10M2 AF	73 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Virginia			
CTOR	98. FACILITY NAME (If not institution, give street end number) HOLL COSS HOSPIT RESIDENCE OF DECEDENT	1	Silver Sp	EATH .	Montgomery			
DIRE	Maryland Montgomery		wn or location lockville		10d. INSIDE CITY LIMITS? 1 □ YES 2 🔀 NO			
NERAL	4431 Muncaster Mill Road		10f. ZIP CODE 20853		United States			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced 12. Was DECEDENT FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico 1 YES 2 XNO Specifi	n, Puerto Ricen, atc.)	r No- 14. RACE - American Indian, Black, White, etc. Specify: White			
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir Food Sen	lone during most of working red.)		ery County Schools			
COMPL	8 17. FATHER'S NAME (First, Middle, Lest) Alfred Bly	1000 BCI	18. MOTHER'S NA	ME (First, Middle, Maiden Su				
TO BE	199. INFORMANT'S NAME (Type/Print) Margaret D. Romack		RESS (Street end Number or Rural Caster Mill Re					
must be	20e. METHOD OF DISPOSITION □ Burlel 2 Commention 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	20b. PLACE OF DISPOSITION	N (Name of cemetery, crematory or Crematorium,	20c. LOCA	TION - City or Town, State esda, Maryland			
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOO198 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, 300, West Montgomery Avenue Rockville, Maryland 20850-2805							
ent, the medical	23. PART I. Enter the disessee, or complicatione that caused the deeth. Do not snter the mode of dying, such as cerdiec or reepiratory arrest, ehock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
or other	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING C. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF): Subsection of the conditions of the conditio							
shows any inju	PART II. Other significent conditions contributing to de			PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Nopelial:		26. PLACE OF DEATH (CI					
marked, or its	27. MANNER OF DEATH 1 Setural 5 Pending Investigation 28s. DATE OF IN (Month, Day.	JURY 28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN.	JURY OCCURED			
28 is TED		INJURY — At home, farm, atreet c. (Specify)	, factory, office	28f. LOCATION (Street am City or Town, State)	d Number or Rural Route Number,			
의 시	29e. CERTIFIER (Check only one) 1							
IMPORTANT: If	296. SIGNATURE AND TITLE OF CERTIFIER	sew, Mr.			29d. DATE SIGNED (Month, Day, Year) \$\int_{\text{ferre}} \left(15 \), 1890			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Arthur S. Bresler, M.D.		ood Drive, Sil	ver Spring,	MD 20901			

32 REGISTRAR'S SIGNATURE
Julia Davidson-Rondoll

DIVISION OF VITAL RECORDS, F.O. BOX 1340, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	transportant is team 20 to marked or item 22 chaus and Indian or other transmission by madical examiner must be notified at once
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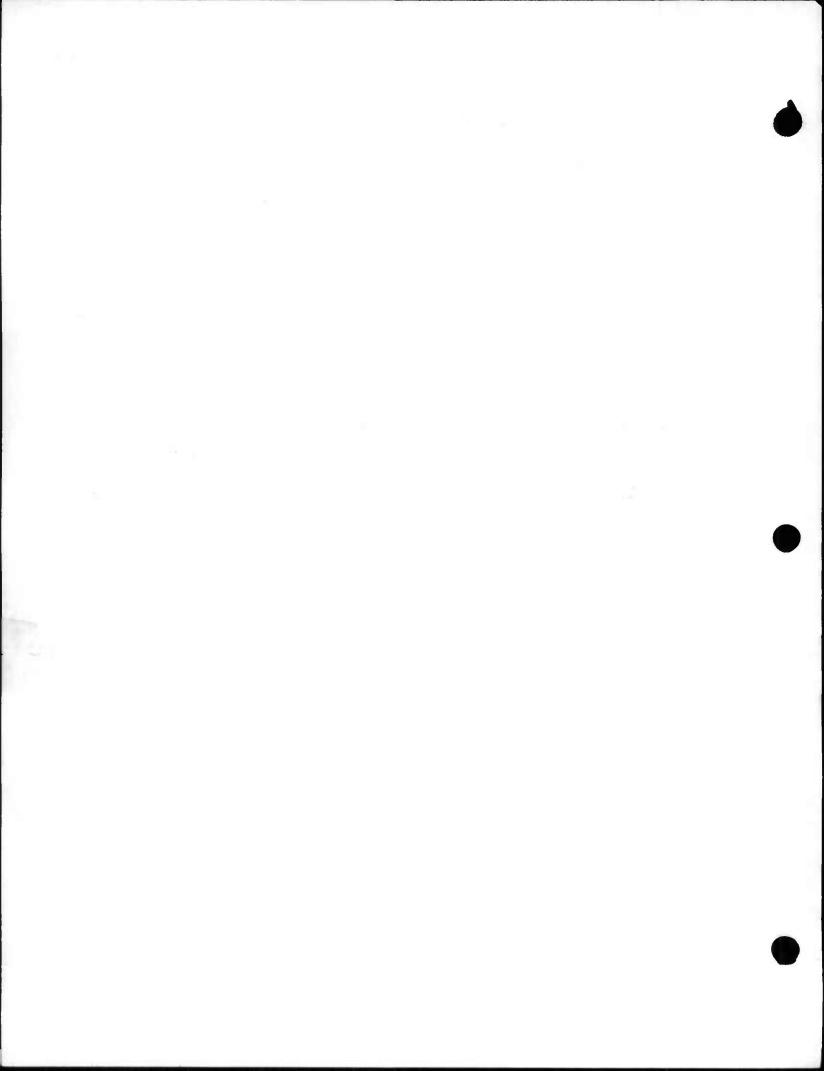
31. DATE FILED (Month, Day, Year)

JUN 1 8 90

	90 184/0
	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) Helen Shearman 2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH
	HELEN NMI SHEATMAN 6 15 90 2325 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	579-01-6251 1 M 2 OF 86 YRS. MONTHS DAYS HOURS MIN. 8-19-03 Country)
 ~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	WASHINGTON HOVENTIST HOSPITATAROMA POLK ITTOM TOMENY
E C	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
#	MO, MONTGOMERY RENSINGTON 150 YES 2 - NO
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	3000 McComas Avenue 20895 United States
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, If yes, specify Cuban, Mexican, Puerto Rican, etc.)
BY I	1 N Never Merried 2 Merried IF YES, GIVE WAR OR DATES If YES, GIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES If YES, SIVE WAR OR DATES
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
H	(Specify only highest grade completed) (Give kind of work done during most of working life Do NOT use national)
1 2	Elementary/Secondary (0-12) College (1-4 or 5+) 4 Latin Teacher Private Girls School
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surmeme)
	Charles W. Shearman Helen Rebecca Johnston
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Aoute Number, City or Town, State, Zip Code)
2	Jean M. Brown 5113 Westpath Way, Bethesda, MD 20816
3	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cameters, crematory or 20c. LOCATION — City or Town, State
5	1 Burlel 2 XCremetton 3 Removat from State other place) 4 Donatton 5 Other (Specify) Suburban Crematory Silver Spring, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Year	Rapp Funeral Services, P.A.
	MO0827 933 Gist Ave, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	ahock, or haart fallure. List only one cause on each line.
	IMMEDIATE CAUSE (Final diseasa or condition
	resulting in death) a. Due To (OR AS A CONSEQUENCE OF):
	- Company Octor Descense ID: New
0	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):
Ä	If any, leading to immediate cause. Enter UNDERLYING SV Veretter august Ordonor of Contra 5-6da
三三	CAUSE (Disease or Injury that initiated avants
CERTIFICATION	reaulting in death) LAST
¥	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PRINCE TO SEA ANALARIE PRINCE TO COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMME
Ö	1 Tes 2 Ho COMPLETION OF CAUSE OF DEATH?
MEDICAL	1 □ YES 2 □ NO
PHYSICIAN: MEDICAL	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
IYS	1 YES 2 NO 1 Tripotient 2 EN/Outpatient 3 OOA 6 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286. DATE OF SIJURY 286. TIME OF 286. INJURY AT 286. DESCRIBE HOW SIJURY OCCURED
	1 Netural 5 Pending (Month, Day, Year) M.J.URY WORK?
	2 Accident Investigation 28s. PLACE OF INJURY - At home, farm, street, factory, office 28s. PLACE OF INJURY - At home, farm, street, factory, office
TED	3 Suicide 6 Gould not be building, etc. (Specify) 4 Homicide determined
	29e. CERTIFIER
SE COMPLE	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. One) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner ee stated.
8 0	
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. D. 7 (2 / 5) 10 10 10 10 10 10 10 10
2	7 20 364
-	30. NAME AND ADDITION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	Joine F MARIOUGE M Taromaton 12091

32. REGISTRAB'S SIGNATURE
Julia Davidson-Pandalle

DHMH-16 Rev 1/89



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	IN	d in	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TEN	TOR:	28
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ECT	rs after death with the State Dept. of Health and Mental Hygier	m 28 is marked, or item 23 shows any injury, or other
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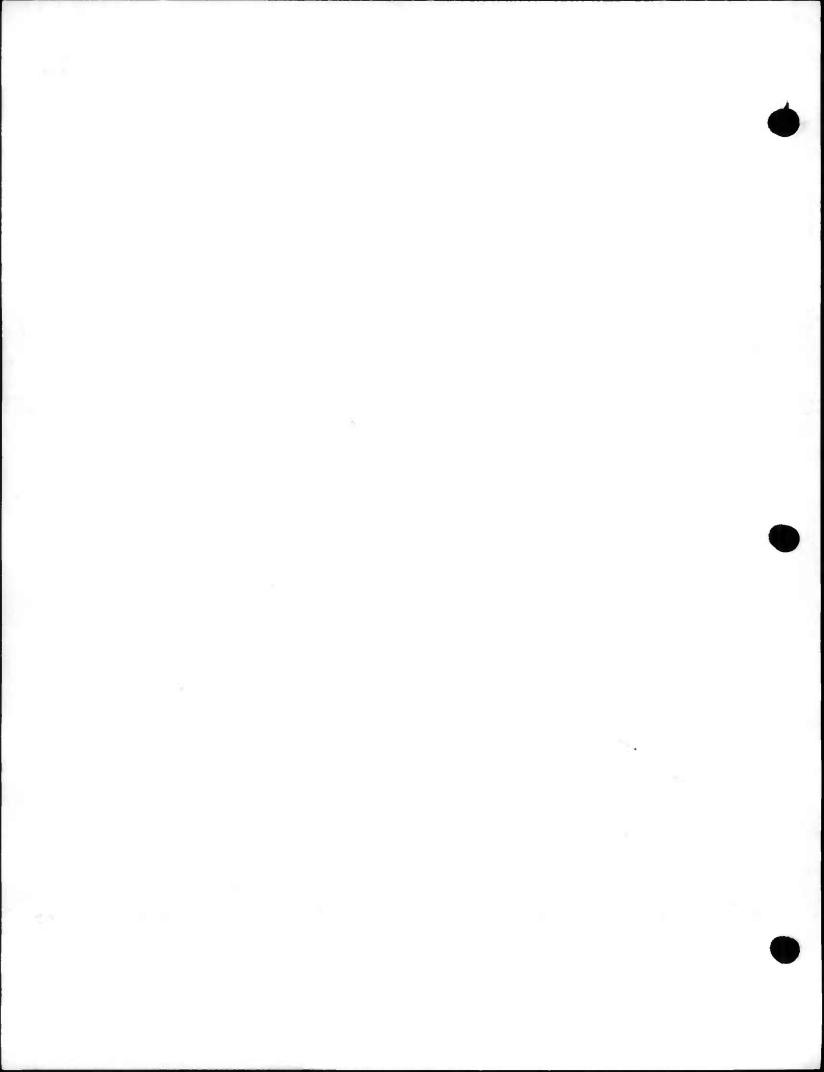
	STATE OF M	ARYLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL	HYGIENE REG. NO.
)	* DOWN	001117		2. DATE O	F DEATH DAY

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	LESTER S	CHIFF			2. DATE OF DEATH MONTH D	MY 16, 19	YEAR 90	3. TIME OF DEATH 2:10 8	a m
	4. SOCIAL SECURITY NUMBER 111-12-9594 9a. FACILITY NAME (If not institution, give s	treet and number)	GE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE			S. 7. DATE OF BIRTH (Month, Day, Year) Dec 8, 1916 New Y			York, N	
TOR	Holy Cross Hospi	tal		Silver	Spring		Mont	gom	ery	
DIRECTOR	Maryland Montg			own on Locat er Spr					10d. INSIDE CITY LIMITS? 1) YES 2 N	10
FUNERAL	1400 Fenwick Lan	e #306			O910				States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 K NO	13. WAS DEC	4-1-1-2	C ORIGIN? (Specify Ye Puerto Rican, etc.)	a or No—	14. RACE Black Speci	— American Indian c, Whita, etc. fy: White	1,
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re Paper Han	done during mo tired.)	N st of working	166. KIND OF BU				
BE COM	17. FATHER'S NAME (First, Middle, Last) Jacob Schiff				16. MOTHER'S NAME Yetta	E (First, Middle, Melder Reisman	n Surname)			Ī
TO B	19a. INFORMANT'S NAME (Type/Print) Karen Schiff					oute Number, City or Tov Falls Chu			22043	
	20a. METHOD OF DISPOSITION 1	oval from State	other place) Subt	urban (Crematory	Sil	ver Sp			
	21. SIGNATURE OF FUNERAL SERVICE LIC	B. Clu	M00827	Rapp B		um ervices, Silver Sp		MD	20910	
CERTIFICATION	23. PART. Enter the disesses, or ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	a. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):			alfoli			Approximatinterval Bet Onset and	tween
A	PART II. Other significent condition Classes Discourse Discours	contributing to death to the contribution of t	out not reculting in t	he underlying	g cause given in P		RMED?	24b	L WERE AUTOPSY FIN AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?	NUSE
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH	HOSPITAL: 1 - Impellent 2 - ER/Outs 28a. DATE OF INJURY (Month, Day, Year)		THER: Nursing Hom F 28c. INJ	ACE OF DEATH (Chec		INJURY OCC	URED		
B⊀	1 Netural 8 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	— At home, farm, atre-		/ES 2 NO	28f. LOCATION (Street City or Town, State		or Rural i	Route Number,	
COMPLETED	onel	ICIAN: To the best of my know							n) and manper sa sta	sted.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	> heror	Ichen		29C LICENSE NUME	BER 27	29d. DATE	SIGNED	(Nonth, Day, Yolis)	Se
10	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	Silv	2 Spri	ney M	0)i	918	
	JUN 1 8 '90	32 REGISTRAR'S SIGN	A-Randoll						<u> </u>	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the buspital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 15

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
,	1. DECEDENT'S HAME (First, Middle, Last)				2. DATE OF DEATH 3. TIM				3. TIME OF DEA	тн	
1	MINA STEINBEI	RG				June			990	8:50	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or F	
	577-34-6034 9s. FACILITY NAME (If not institution, give stre		1 YRS.	MONTHS DAYS	HOURS MIN.	Marc	h 16,			timore,	Md
OB	8103 Eastern Ave,			Silver S	r LOCATION OF DE	HTA		9c. COUH		mery	
티ս	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY	, TOWN OR LOCAT	ION					10d. INSIDE CIT	
DIRECTOR	Md Montgo	omery		ver Spri						LIMITS?	
FUNERAL	19e. STREET AHD HUMBER			101	ZIP CODE			10g. CITI2	EH OF W	HAT COUHTRY?	
E	8103 Eastern Ave	apt# B208			20910			U	.S.A		
5		12. WAS DECEDENT EVER IN U	J.S. ARMED		EHDENT OF HISPAH			or Ho-	14. RACE	- American Ind , White, etc.	len,
BY F	1 Never Merried 2 Merried Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TYES	2 NO Specify	/:	ticeri, etc.)		Speci	fy:	
				<u> </u>		Lance				ite	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of			VOICE OCCUPATION Or roting ()		16b.	KIHD OF BUS	SIHESS/IND	USTRY		
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)									- 1
MP	12		Homema	ker				Home			
8	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S HA			Surname)			
BE		iedel			Mai	4	unk)				
2	19e. INFORMANT'S HAME (Type/Print)				nd Number or Rural I				1		
	Esther Epstei				11 Dr. V	vheat	on,Md	209	02		
	20a, METHOD OF DISPOSITIOH 1) Spuriel 2 Cremation 3 Remove	val from State	other place)	SITIOH (Name of cer				CATIOH (
1	4 Donation 5 Other (Specify)	Bet	h Sholo		Cemetery	_	Cap:	itol	Heig	hts,Md	
- 1	21. SIGNATURE OF FUNDMAK WHICH LICE	RSEE		Danzar	sky-gold	cury lberg	Memor	rial	Chan	els	
	Michael In	mar-			Rockville						
	23. PART I. Enter the diseases, or co	magnicetions that ceused	the deeth. Do n	not enter the mo	de of dying, suc	h es cerc	lec or respi	ratory em	est,	Approxin	nete
	shock, or heert fellure. W	only one cause on esc	ch line.							Onset an	
	disease or condition	CARNIA	REL	DIRATI	AV.	ARE	FC 7	-			
ŀ	resulting in death) e. CITCUTUTES / GET OF STATE										
_	disease or condition resulting in death) e. CARDIO RESPIRATORY ARREST OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A GOHSEQUENCE OF):								- 1		
0	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A COHSEQUENCE OF):										
X	cause. Enter UNDERLYING	THROMB DUE TO (OR AS A C	n cus	+0515							- 1
Ē	CAUSE (Disease or injury that initiated events	•		•							
CERTIFICATION	resulting in desth) LAST	Emphy	wen	a.							
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to death bu	t not resulting i	in the underlyin	g cause given in	Part I.	24s. WAS AN PERFOR	AUTOPSY	24b	WERE AUTOPSY AVAILABLE PRIOR	
5						_	1 TYES 2	DIO		OF DEATH?	CAUSE
¥						_				1 YE\$ 2	NO
ž											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF OEATH (Ch	neck only or	10)				-
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpet	tlent 3 🗆 DOA		e 5 🗆 Residence	8 🗆 Othe	r (Specify)				
표	27. MANNER OF DEATH	(Month, Day, Year)	28b, TIM IHJ	IE OF 26c. IH.	URY AT	28d. DE	SCRIBE HOW	NJURY OCC	CUREO		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 HO						
						Route Number,					
2	4 Homicide determined										
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurr	ed at the time, date	and place, and due	to the ca	use(e) and ma	nner as atat	ed.		
one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e)							a) and menner ee	stated.			
							(Month Day Va-	r)			
H	Tom P. Kanasa	Ment mm.			D-20		2	•	6/1	5/00	
2	30. HAME AHD ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (%ma	Print)			_	, ,	-/ '	-170	
	TONY PRANNE	ELAT. MA	S911	16th	st cil	110	0 60	010	11	MD 20	9/1
	31. DATE FILEO (Month, Day, Year)	32, REGISTRAR'S SIGNA	TURE	10 .	1, 316	-VB	~ 21	\ / /V	57,	TIU ac	110
	JIIN 1 x '90	Sulia Naindana	Ponda 00								



3. TIME OF DEATH

7:28

omer

White

20852

Interval Between Onset and Death

Approximsta

0

AVAILABLE PRIOR TO

10d. INSIDE CITY

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

1

'n	within
12140	executed
<	pe
7.0° 00.7	certificate b
ŗ	death
2	the
	that
MECOND.	requires that the death ce
_	AM.
₹	The
OF VIIAL	ATTENDING PHYSICIAN:
DIVISION OF	ATTENDING
5	DR
_	SPITAL DR A

JUN 1 8 90

YEAR 5. SEX 7. OATE OF BIRTH (Month, Day, Yea 6. AGE (In yrs. last birtnday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS Austria nding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Hygiene prior to burial, cremation, or removal. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENC 10b. COUNTY 10c. CITY, TOWN OR LOCATION Washington, D.C. 1 XXYES 2 | NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE #416 U.S.A. 4501 Connecticut Avenue, N.W., 20008 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 2 K NO 1 Never Married 2 Married Specify: В 3 Widowed 4 Divorced ETED. 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 5+ Business Executive Uniform Leasing once. 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Meiden Surname) ᅓ Aaron Stempler Leah Bernstein notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gerald Stempler 11208 Stephalee Lane, Rockville, MD (son) 9 20s. METHOD OF DISPOSITION
1 🖾 Burlel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State must Adas Israel Congregation Cem. Washington, D.C. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. 1170 Rockville Pike, Rockville, MD ande or other traumatic event, the medical 23. PART I. Entar tha disasses, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or hasrt failure. List only one cause on such line. **IMMEDIATE CAUSE (Final** disesse or condition resulting in daath) ar OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (DR A CONSEQUENCE OF) if sny, issding to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST the atten item 23 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO been f. of PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED death with 1 is marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Could not be COMPLETED DIRECTOR: hours after item 28 i 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner sa stated. THE HOSPITAL I (Check only one) IMPORTANT: If 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE DO 0059 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ST N.W WASH ADELSON M.D EDWARD 2201

30. REGISTHAR'S SIGNATURE
Juna Davidson Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

NG PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician.	ifter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and with the State Debt, or Health and Mental Hydiene prior to burial, cremation, or removal.	l, or Item 23 shows any injury, or other traun
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signified within 72 hours after death with the State Dest. of Heal	IMPORTANT: If item 28 is marked, or item 23 shows

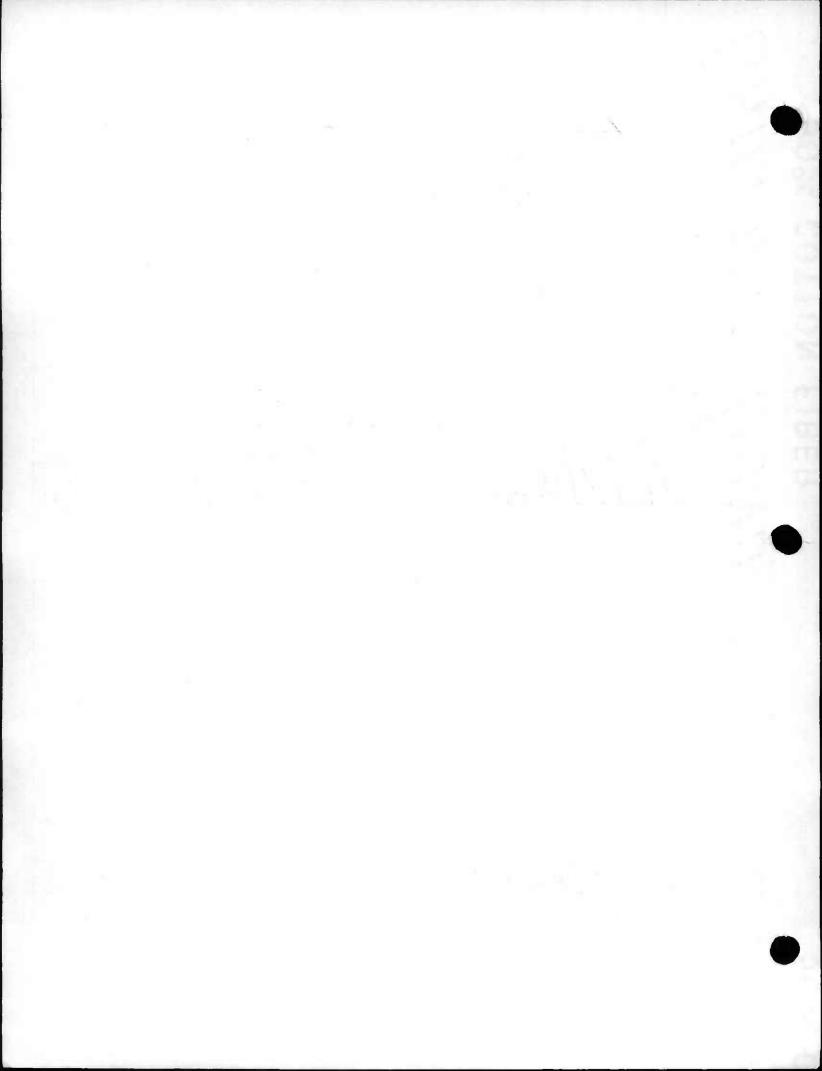
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

,	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN			MENTAL HYGIEN REG. NO.	E	
	1. DECEOENT'S NAME (First, Middle, Last)	HENRY DAV	IDSON S	TRAC	CHAN	2. DATE OF DEATH MONTH	5/14/v	00 3. TIME OF OEATH 10;5.
i	4. SOCIAL SECURIZY NUMBER 2 5.	SEX 6. AGE (In yrs.	Inst birthday) IF UND YRS. MONTHS	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 5, 19		SCOTLAND
OR	SHADY Grove MADVENTIST HOSP'T. SERVENTIST HOSP'T. SHADY Grove Adventist Hospital ROCKVILLE M						ec compy	TGÖMERY Jomery
DIRECTOR	RESIDENCE/OF DECEDENT 10a. STATE 10b. COUNTY	-	10c. CITY, TOWN	OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MD. MON'I	GOMERY	PC	TOMP	ZIP CODE		10a, CITIZEN	1 1 YES 2 □ NO OF WHAT COUNTRY?
FUNERAL	10210 CHAPEL	RD.			20854		υ.	S.A.
BY FUN		WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 1:	If yes, spe	ENDENT OF HISPAN ecity Cuban, Mexicar 2 NO Specify.	IC ORIGIN? (Specify Yes I, Puerto Rican, etc.)	or No 14,	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	ON 16a. pleted) ollege (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during mos	ON st of working	16b. KIND OF BUS	SINESS/INDUST	
AP.	12	mage (I-COT ST)	GUARI)		SE	CURITY	7
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	NE (First, Middle, Maiden		
BE	UNKNOWN 19a, INFORMANT'S NAME (Type/Print)		10h MAII ING ADDRE	e team?) 99:	nd Number or Primi F	UNKNOT loute Number, City or Tow		da)
2	GORDON P. WOOD	,	SAME			#10	, state, zip ook	
	20a. METHOO OF DISPOSITION 1	from State othe	CE OF DISPOSITION (or place)		and the same	20c. LO		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	1	2	2. NAME AN	REMATORS TO ADDRESS OF FAC	CILITY	IVERDA	20850 ROCKVILLE, MI
CATION	23. PART I. Enter the diseases, or come shock, or heart fellure. List immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or inlury	anks and assess on analy i	NSEQUENCE OF:	Resp) IENSUR	Distace		Approximate interval Between Onset and Death
CERTIFICATION	that initiated events resulting in death) LAST							
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MYUCAMOIAL INFAMETIVE: CONGEST WE HEART 1 YES 2 NO 248. WAS AN AUTOPSY PRIDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN:	PULMONAMA DISEM	It; LACUNI	WINDA		ACE OF OEATH (Ch	not only one)		
PHYSICIAN:		OSPITAL:	OTH	ER:	ne 5 🗆 Residence			
H.	27. MANNER OF OEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ		28d. DESCRIBE HOW	NJURY OCCUR	EO
ВУ	1 Natural 5 Pending 2 Accident Investigation		м	1 🗆	YES 2 NO			
	3 Suicide 6 Could not be defarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28th LOCATION (Street and Number or Rural Route Number, City or Town, State)					Rural Route Number,		
COMPLETED	Crieck Orliny	N: To the best of my knowledge On the basis of examination and						ause(a) and manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAWE AND ADDRESS OF PERSON WHO C	134 M	(ITEM 27) (Type, Print)		MD D	MBER 22180	29d. DATE S	IGNED (Month, Day, Year) We (4), 1996
	ALAN R. VINI	TSKY MD.	12116 D	AM	ESTONA	IRO GA	THERS	BURY, MO20872
	31. OATE FILE UNIT 8 790	32. HEGISTRAP'S SIGNATUR	-Randell					

J J

DIVISION OF VITAL RECORDS, F.O. BOX 13149, BALLIMONE, MANTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x wours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIEW	OSPITAL OR ATTENDING PHYSICIAN: T	JNERAL DIRECTOR: After this certificate thin, 72 hours after death with the Stat	INT: If item 28 is marked, or ite
	THE I	De filed v	IMPORT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP.	PARTMENT OF H	EALTH AND N	IENTAL HYGIENE REG. NO.	90-	18475		
	1. DECEDENT'S HAME (First, Middle, Last) ELLA OZELLA S	STREETT			2. DATE OF DEATH MONTH	90	3. TIME OF DEATH 550 PM		
	and was some on a line of	5. SEX 6. AGE (In yrs. last birthda	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-0-0	Cou	THPLACE (State or Foreign ntry) Tyland		
TOR	9a. FACILITY HAME (It not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY		CITY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Maryland Prince	George's Co	ollege Par				13⊠CYES 2 ☐ HO		
RAI	9618 Autoville Dri	VA		O740	1		WHAT COUNTRY?		
NE		12. WAS DECEDENT EVER IN U.S. ARMED		- 1 10	IC ORIGIN? (Specify Yes or	U.S.,	A . CE — American Indian, ack, White, atc.		
To a specify: Specify: Specify: Caucasi									
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	Cotlege (1-4 or 5+) (Give kind Iffe. Do NO	NT'S USUAL OCCUPATION of of work done during mod OT use retired.)		16b. KIHD OF BUSIHI				
MP	12th Grade	Operat	tor	40 1407147700 1444	C & P Te		e Company		
20	Lemuel Dixon			Mamie V		name)			
TO BE	19a. INFORMANT'S NAME (Type/Print)				oute Number, City or Town, S				
F	Todd Baker [grands				College Pa				
4	20e. METHOD OF DISPOSITION 1 [XBuriel 2 [Cremention 3] Remove 4 [Donetion 5 [Gibes/Specify]	20b. PLACE DF DIS	SPOSITION (Name of cen	netery, crematory or	h Cem. Pyles	FIOH — City or	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	fine)	22. HAME AN	D ADDRESS OF FAC	s Sons Fun	PATTIE	, Haryrand		
	1/ 1/ /J	Sie lastra	Franc	is Gasch Baltimor	's Sons Fund	eral He	ome, P.A. e, Md. 20781		
	23. PART L Enter the diseases, or co	mplications that caused the death. I					Approximate		
	IMMEDIATE CAUSE (Final	ist Dnly one ceuse Dn each line.					Interval Batween Onset and Death		
	disease or condition rasulting in death) e.	DUE TO (DR AS A CONSEQUENCE	2515				4 hrs		
_	Sequentially list conditions. DUE TO (DR AS A CONSEQUENCE OF): Severe Alzheimer Disease 5 years								
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEDUENC	E OF):	J. Jew			June		
S	cause. Enter UNDERLYING CAUSE (Disease or injury								
H	that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEDUENCE	Æ UF):				i i		
	DART II Cohon plantificant and distance								
MEDICAL	PART II. Other aignificent conditions	contributing to deeth but not resulti	ing in the underlying	g cause given in i	Part i. 24a. WAS AN AU PERFORME	D?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
ME					_ / ′		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			AGE OF BEITTIE					
SICI	EXAMIHER?	HOSPITAL:	OTHER:	ACE OF DEATH (Che					
H	27. MAHHER OF DEATH		TIME OF 28c. INJ		28d. DESCRIBE HOW INJU	JRY OCCURED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(mornii, Day, Tour)		rES 2 HO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IHJURY — At home, far building, etc. (Specify)	rm, street, factory, offic	•	28f. LOCATION (Street end City or Town, State)	Number or Run	il Route Number,		
COMPLETED	anal .	IAN: To the best of my knowledge, death oc : On the best of examination and/or investig					e(a) end menner se stated.		
BE C	296. SIGNATURE AND TITLE OF CERTUTER	0 11 1		29c LICENSE NUM	IBER 2	9d. DATE SIGN	ED (Month, Day, Year)		
TO B	Michael 2	raid, My		026	281	61	22/90		
-	30. HAME AND ADDRESS OF PERSON WHO Michael Sha	completed cause of Death (ITEM 27) (1 1305	Saltimore A	ve107 (CollegePark	h, Md	20740		
	31. DATE FILED (Month, Day, Year) JUN 25 '90	fuia Day don-Mandage							



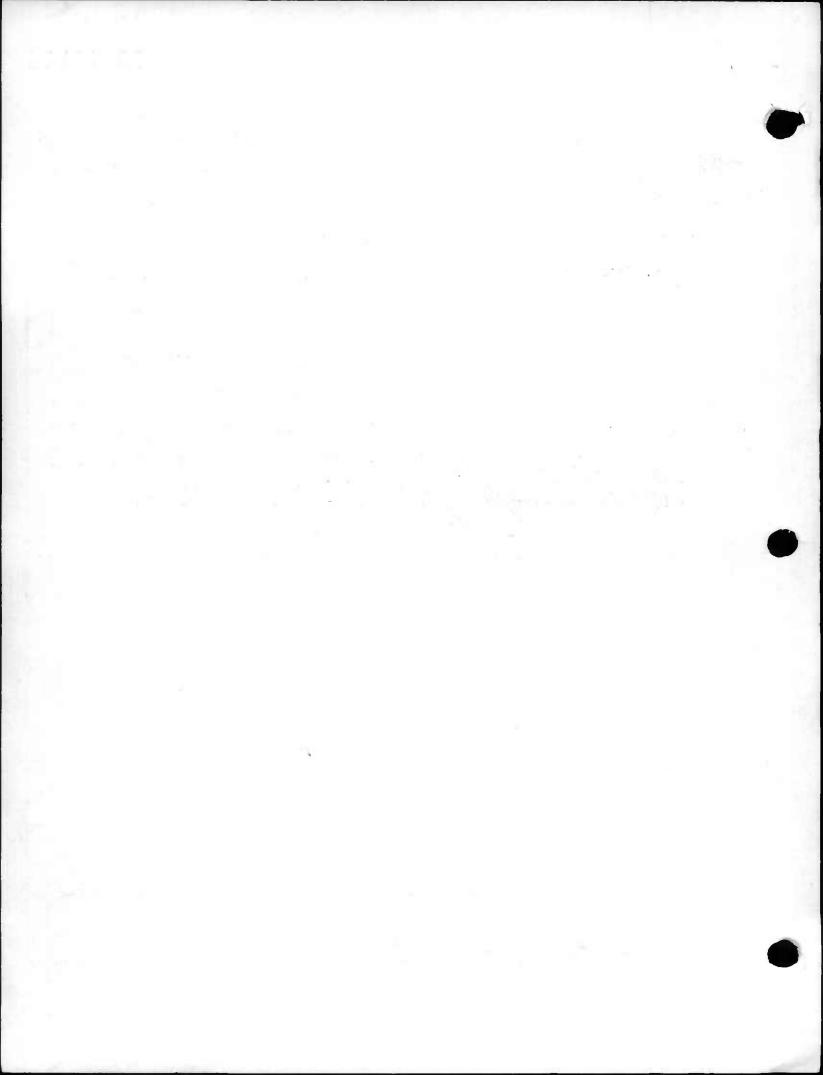
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ATT	ECTO	TS aft	n 28
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	FRAL	2/ 1	# 3
HOSI	FUNE	withi	TAN
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	FOR STATE REGISTRAR			STATE OF	MARYLA				
	1. DECEDENT'S NAME (First	, Middle, L	ast)						
	1	1ARY	E	ESTELLE	SMAL				
ā	4. SOCIAL SECURITY NUME			5. SEX	6. AGE (h				
	155-18-725	2		1 ☐ M 2 🂢 F	7.				
	9e. FACILITY NAME (If not in	stitution, g	jive si	treet and number)					
R	2745 LOV	EVIL	LE	ROAD					
5	RESIDENCE OF DEC								
2	10e. STATE	10b. CO							
BY FUNERAL DIRECTOR	MARYLAND		Г.	MARY'S					
M.	10e. STREET AND NUMBER								
剪	2745 LOVE	VILLI	E I	ROAD					
5	11. MARITAL STATUS	Merried		12. WAS DECEDE FORCES?	NT EVER IN 1 YES				
∑	3 Widowed 4 Dive	IF YES, GIVE	WAR OR DA						
0	15 DEC	EDENT'S	EDIII	CATION					
	(Specify on	ly highest (completed)					
7	Elementary/Secondary (0-12)		College (1-4 or 5	+)				
BE COMPLETED	17. FATHER'S NAME (First, A	Aiddle, Las	()						
ö	JOSEPH SMALLWOOD								
8	19e. INFORMANT'S NAME (Type/Print)								
2	ALBERTA WOODLAND								
					20b.				
	20a, METHOD OF DISPOSITI		Rem	oval from State					
	4 Donetion 5 Other (Specify)								
	T.11. Tu. 1		/	Mars.	1 //				
	commice.	10.	$\underline{\ }$	ving	en				
	23. PART I. Enter tha d	liseanaa,	OF C	complications th	at caused				
	IMMEDIATE CAUSE (FI		410.		/				
- 1	disease or condition resulting in death)	\rightarrow		· Cons	·hr.				
	Todating in dustin			DUE TO	O (OR AS A				
z				b	_				
2	Sequentially list condi- if any, lasding to imme			DUE TO	O (OR AS A				
CA	cause. Entar UNDERLY CAUSE (Disease or Inju			C					
E	that initiated events			DUE TO	O (OR AS A				
ERTIFICATION	resulting in death) LAS	51		d					

AND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF	DEATH	NA	YEAR	3. TIME OF DEA	ГН
	1	IARY E	ESTELLE	SMALLWO	WOOD					JUNE 15, 1990				10:00	A.M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. la	ast birthday)				7. DATE OF BIRTH 8. BIRTHPLACE (Month, Day, Year) Country)			HPLACE (State or Fo	oreign		
- 3	155-18-725	2	1 ☐ M 2 🂢 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCH		917		RYLAND	
	9e. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF D		Í		NTY OF C	DEATH	
DIRECTOR	2745 LOV		ROAD				MEC	CHANI	CSVI	LLE		ST	. MA	RY'S	
5	RESIDENCE OF DEC				T										
#	10e. STATE	10b. COUNTY				Y, TOWN								19d, INSIDE CITY	
	MARYLAND	ST.	MARY'S		M	ECHA	-	SVILL						1 YES 2X	NO
Ž	10e. STREET AND NUMBER						10	of. ZIP COD						WHAT COUNTRY?	
FUNERAL	2745 LOVE	/ILLE I						206					U.S.		
2	11. MARITAL STATUS 1 Never Merried 2	Merried	FORCES?	NT EVER IN U.S. A		13.	If yes, s	pecify Cub	en, Maxica	NIC ORIGIN? (S an, Puerto Rice		or No-	Blac	E — American Indi k, White, etc.	en,
2	3 Widowed 4 Dive		IF YES, GIVE	MAR OR DATES			1 TYE	S 2X NO	Specif	ly:			Spec RI.	ACK	
	15. DEC	EDENT'S EDU	CATION	18a, D	ECEDENT'S	USUAL C	CCUPAT	TON		18b. KIN	D OF BUS	SINESS/IN		21010	_
-	(Specify on Elementary/Secondary (y highest grade	completed) College (1-4 or 5	S	Give kind of le. Do NOT u	work done se retired.)	during m	nost of worki	ing						
2	6	,-12)	College (I-4 of 5	*/	NUR	SE					PE	DIATI	RICS		
COMPLETED	17. FATHER'S NAME (First, A	liddle, Last)						16. MOT	HER'S NA	ME (First, Midd	le, Maiden	Sumeme)			
	JOSEPH SMA	ALLWOOI	D						MARY	LOUIS	E SP	EARS			
NE NE	19e. INFORMANT'S NAME (1	9b. MAILING	ADDRES	S (Street			Route Number, (p Code)		
2	ALBERTA WOO	DLAND			2745	LOV	EVII	J.E. R	D	MECHAN	TCSV	TLLE	MD	. 20659	
	204, METHOD OF DISPOSIT	ION	4 6	20b. PLACI	E OF DISPO						_			own, State	
- 1	1 N Buriel 2 Crematic 4 Donetion 5 Other	on 3 - Rem	ovsi from State	other (PARLE	S ME	MOR T	TAT. G	ARDE	NS	I.E.	ONAR	DTOW	N, MD.	
1	21. SIGNATURE OF FUNERA		Shee	001	7	22	. NAME /	AND ADDRE	ESS OF FA	CILITY				119 110.	
	Tall The	11/	mus	11/	A					NERAL		-			
- 1	23. PART I. Enter tha	10.0	1000 pi	00/	1					LEONA				20650 Approxim	
	IMMEDIATE CAUSE (Fi disease or condition resulting in death)		a. Due to	O (OR AS A CONS	U		- /	A	cco	14				Onset an	
CERTIFICATION	Sequentially list condi- if any, laading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	diata ING ury	c	O (OR AS A CONSI											
	PART II. Other algoritic	ent condition	a contribution to	n death but not	regulting	In the u	nderlyi	na ceuse	often In	Dart I 24	- WACAN	AUTOPSY	24	b. WERE AUTOPSY I	CHADINGS
MEDICAL						W Dia C		ing caose	givoirii		PERFOI	RMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
A	25. WAS CASE REFERRED	TO MEDICAL				,		PLACE OF	DEATH (C	heck only one)					
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL: 1 Inpatient 2	☐ ER/Outpetlent	3 🗆 DOA	4 Nu		ome 8 4	residence	8 Other (S	pecify)				
BY PHYSICIAN:		Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY	V	NJURY AT WORK?	□ NO	28d. DESCR	BE HOW	INJURY O	CURED		
	2 Cutoide — I 250, PLACE OF INJURY — At ho				home, farm,	street, fe	ctory, off	fice		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	one)		ICIAN: To the best of											(e) end manner as	stated.
<u>Б</u>	296. SIGNATURE AND TIPE	F CERTIFIE	R /					29c. Life	CENSE NU	IMBER		29d. DA	TE SIGNE	D (Month, Day Man)
0	1-13	51	ou ho					D-	0050	6		•	6	118/5	
9	30. NAME AND ADDRESS O	F PERSON WH	/	USE OF DEATH (IT	TEM 27) (Typ	e, Print)							9/	, , , ,	
	LEON W. BI			ECHANICS			ARYI	LAND	206	59					
	31. DATE FILED (Month, Day			Davidson-						···					

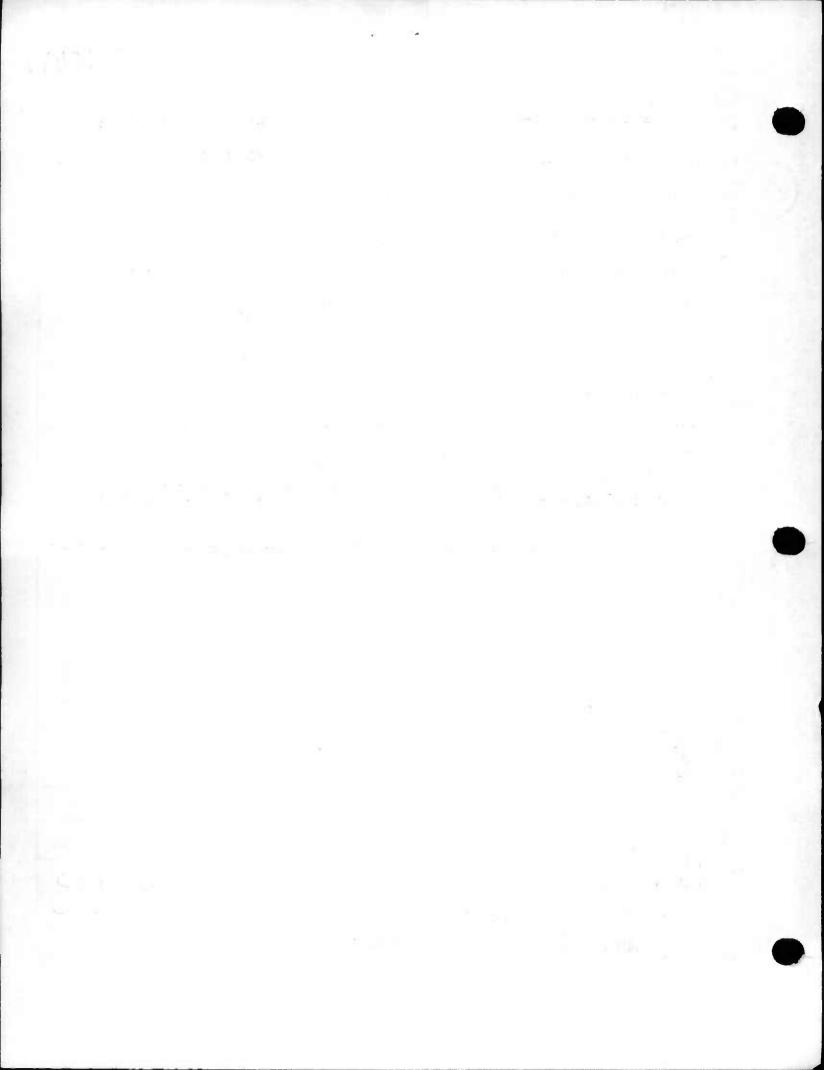




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ATTEN	CTOR	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be lied within 12 flows after death with the State body, or regain and mental hydrox products event, the medical examiner must be notified at once.
PITAL	RAL	1:11
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL	REG. NO.			
	1. DECEDENT'S NAME First, Middle, Lack	OODY SCOVI	TCH			2. DATE	OF DEATH	9 -199	3. Т	2:00 pm m
	4. SOCIAL SECURITY NUMBER 218 - 20 - 1060		9 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	7 1 -21	8. B C MO	IRTHPLAC ountry) いるるの(E (State or Foreign Chus etts
OR	11618 Simmons Roa	11618 Simmons Road				EATH		Frede		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE Maryland Frede			TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS? 1 1 X YES 2 □ NO			LIMITS?
FUNERAL	100. STREET AND NUMBER 11618 Simmons Roa	d		10	1. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	U.S. ARMED 2 X NO TES	If you, s	CENDENT OF HISPA Decify Cuben, Mexico 3 2 X NO Speci	en, Puerto F		or No- 14.		American Indian, lite, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)			JSUAL OCCUPATION done during mo retired.) — Opera	ost of working			iness/industr		
E COM	17. FATHER'S NAME (First, Middle, Last) John Scouitch	2 76000	owner	opera	18. MOTHER'S N.	AME (First, A	Aiddle, Maiden S		013	
TO BE	190. INFORMANT'S NAME (Type/Print) Christopher Scov	itch			and Number or Rural		Maryla	nd 207	23	
20e. METHOD OF DISPOSITION 1 (X Burlal 2 Cremetton 3 Removal from State of Disposition (Name of cemetery, crematory or other place) St. Mary's Cemetery Lawrel, Marylan										
	21. SIGNATURE OF FUNERAL SERVICE LI	Coulders.	72	Donal	no adoress of Fi Edson Fur albott A	reral	Home, Laure	P.A. L, Mari	jlano	d 20707
CERTIFICATION	23. PART I. Enter the disease, or shock, or bear failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. METAS DUE TO (OR AS A DUE TO (OR AS A	nch lina.	<u>C</u> CO(Approximate Interval Batween Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition	d. na contributing to death b	ut not reaulting I	n the underlyl	ng cause given l	n Part I.	24a, WAS AN PERFOR	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (C	check only or	ne)			
	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	me 5 Aesidence JURY AT JORK? YES 2 NO			NJURY OCCUR	EO	
TED BY	Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec		street, fectory, of	1.0.10			and Number or I	Rural Route	e Number,
COMPLET	Check only	SICIAN: To the best of my know IER: On the basis of examination							nuse(a) an	d menner ee stated.
TO BE	TOL SIGNATURE AND TITLE OF CERTIFIE	O MENO	0.1	mD	D-31	UMBER 912		29d. DATE SI	GNEO (M	onth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON W	516 TRA	-12	AVE	· FY	IED	FM	١٧, ٦	ms	12174
	31. DATE FILED (Month, Day, Year)	32. REGISTRAT'S SIGN	avidson-Ran	ndell						



1 -	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) HARRY HUNTER	CI	IDADED		MONTH			YEAR	3. TIME OF DEATH	
HARRY HUNTER		HRADER	UNDER 1 YEAR	7. DATE 0		990		8:05P	M
233-24-5999	1 M 2 🗆 F	9 YRS. MOI	NTHS DAYS HOURS MIN.	11	24 192	20	Country)		
9a. FACILITY NAME (If not institution, give at G.B.M.C6701 N. RESIDENCE OF DECEDENT			BALTIMORE, MD			BALTI		COUNTY	
10a. STATE 10b. COUNT	AHONTAS	10c. CITY, TO	DUNMORE					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
RT . 1; BOX 1	43		101, ZIP CODE 24934			10g. CITIZ	USA	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 15 WES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify	en, Puerto R		or No—	14. RACE Black, Specify WHI		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Blacks	done during most of working tired.)		RIND OF BUSI				
17. FATHER'S NAME (First, Middle, Lest) Harry Cl	eveland Shi		16. MOTHER'S NA	AME (First, M		iumame)		GGT	
190. INFORMANT'S NAME (Type/Print) Alan Phill		19b. MAILINO AD	ORESS (Street and Number or Rural	Route Numb	er, City or Town,	State, Zip	Code)	City. M	D
20a METHOD OF DISPOSITION **Burial 2 Cremation 3 Ran 4 Donation 8 Other (Specify)	-	o. PLACE OF DISPOSITION Other place)	ON (Name of cemetery, cremetory or Cemetery		20c. LOC	ation - c	City or Tow	rn, State 21	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	M00535	22. NAME AND ADDRESS OF FA	k Fu	neral	Hon	ne		
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a ASCI	CONSEQUENCE OF):	est. l'failure	۰					
PART II. Other algnificant condition	d. June contributing to death i			n Part I.	24a. WAS AN A PERFORI	MED?		WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		26. PLACE OF DEATH (C						
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT		CRIBE HOW IN	JURY OCC	CURED		
2 Accident Investigation 3 Suicide S Could not be datermined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, atre	et, factory, offica		ATION (Street a or Town, State)	nd Number	or Rural R	loute Number,	
cool			at the time, date and place, and du) and manner as state	ıd.
296. SIGNATURE AND TITLE OF CERTIFIC	en andell V	UD	29c. LICENSE NI	4	•	29d. DATE	E SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	in isville	MD	2109	3.			
31. DATE FILED (Morith, Day, Year) 1 2	90 32. REGISTRAR'S BIG	natural dison-A	andell		_				

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE C	F DEATH	REG. N	O.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF D	
CAROL RE	EANY SCHWAF	RTZ			June 5	199	0 ⁿ 91	30a,
4. SOCIAL SECURITY NUMBER	1 □ M 2 Off E		F UNDER 1 YEA		7. DATE OF BIRTH	1933	ONTO	or Foreign
96. FACILITY NAME (If not institution, give s		91	Jest	VN OR LOCATION OF DI	EATH		y of OEATH OWard	
8872 Willow WO	ood way		Desi	sup				
10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LO				10d. INSIDE (
Maryland I	Howard	1 0	LOSU	10t. ZIP CODE		10g. CITIZE	N OF WHAT COUNTR	
8872 Willow Wo				2079			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	OECENDENT OF HISPAI , specify Cuban, Mexica YES 2 100 Specif	in, Puerto Rican, etc.)	rea or No—	4. RACE — American Black, White, atc. Specify: Whit-	
15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	UAL OCCUP	PATION a most of working	16b. KIND OF	BUSINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use no Homema.		, most or monding		Domes	tic	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)		
Frank		Reany		Bet	sy		Jarv:	is
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	,	eet and Number or Rural			•	
Ben Schwart		8872	Will	ow Wood	Way, Jes	ssup.	MD 2079	4
20e. METHOD OF DISPOSITION 1 Burlel 2. Cremetion 3 Rem	oval from State	b. PLACE OF DISPOSITI	ON (Name o	f cometery crematory or	20c	LOCATION - CI	fy or Town, State	
4 Donation 5 Other (Specify)	B	altimore,	/Was	nington	Crem. La	urel,	Marylan	<u>d</u>
21. SIGNATURE OF FUNERIAL SERVICE LIN	CENSEE	MOOFER		E AND ADDRESS OF FA	Slack		ral Home	
23. PART I. Enter the diseases, pr	enmuliantions that source	M00535		Ellicot				
	List only one cause on a		enter the	mode of dying, suc	in sa cerdiec or re	spiratory stres	interva	ximste ai Between
IMMEDIATE CAUSE (Finel disease or condition	P						Onset	end Death
resulting in deeth)	e. Bronchogo	enic c	arcin	NOMA			yea	irs
_	DOE TO (OH AS	A CONSECUENCE OF):						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE OF):						
that initiated events resulting in deeth) LAST	d	A CONSECUENCE OF).						
PART II. Other significent condition	ns contributing to death	but not resulting in	the under	lying cause given in	Part 24a WAS	AN AUTOPSY	24b. WERE AUTOP	SV EINDINGS
ANEMIA		out not resulting in	uio dildoi	lying couse given in	PERI	ORMED?	AVAILABLE PE COMPLETION	NOR TO
HINDING					1 YES	2 NO	OF DEATH?	
 					—		1 TYES 2	∐ NO
25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (C)	heck only one)			
EXAMINER?	HOSPITAL:		THER:	Home 5 Residence	, ,			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	OF 280	INJURY AT	28d. DESCRIBE HO	W INJURY OCCU	JRED	
Natural 5 Pending	(Month, Day, Year)	HULMI	IV .	WORK?			1000	
2 Accident Investigation 3 Suicide S Could not be		Y — At home, farm, stre					r Rural Route Number,	
4 Homicide determined	building, atc. (Spe	ecity)			City or Town, St	sto)		
one)	ICIAN: To the best of my know							ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day,	Year)
BH. minche	45 41 D.			100 92	.83	16	106 40	
30. NAME AND ADDRESS OF PERSON WE	T 10 11	2.	1	14- 12			,	-
31. DATE FILED (Month, Day, Year)	32. REGISTRARY SIG	Nation R	nda 90.					
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,	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be r
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STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CE	ERTIFICATE	OF DEAT	Ή		REG. NO.

1 - STATE OF MAR REGISTRAR			F HEALTH AND OF DEATH		HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) James T. Smithson, Sr.				2. DATE OF MONTH	9/90 DAY	YEAR	3. TIME OF DEATH 10:00 A
215-01-6599 1XM2 = F	GE (In yrs. lest birthday) 77 YRS.	IF UNDER 1 YE		7. DATE OF (Month, E	law Waar)	Count	PLACE (State or Foreign ry) yland
St. Agnes Hospital			wn or location of d timore	EATH	9c. (COUNTY OF D	PEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. Howard		ry, town on L					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER 6002 Virlona Avenue	1 40	TTT T NO	101. ZIP CODE 212	27	10g.	CITIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ES 2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 1 NO Speci	NIC ORIGIN?	Specify Yea or No an, etc.)		E — American Indian, k, Whita, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION g most of working	16b. K	IND OF BUSINESS	/INDUSTRY	
12. FATHER'S NAME (First, Middle, Last)	Inspe	otor	16. MOTHER'S N		VIS & He		1
Charles P. Smithson 198. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (St	Mary (Bush	1		
Lois L. Smithson	6002	Virlon	a Ave., E	lkridg		21227	Out Clate
20a, METHOD OF DISPOSITION 1	other place)	dge Me	morial Par E AND ADDRESS OF F Y L. Kauft	rdc	Elkrid	ige, M	aryland
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a	AS A CONSEQUENCE OF	OF):	alid ;	The state of the s			Onset and Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE (OF):	s heebs l				
PART II. Other significant conditions contributing to dear		In the under	lying cause given in		44. WAS AN AUTO-PERFORMED?		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	RE. PLACE OF DEATH (C	Check only one)			
1 VES 2 NO 1 Inpetiant 2 ER/ 27. MANNER OF DEATH 1 Netural 5 Pending	JRY 26b, TI	ME OF 28	Home 8 Residence	-	Specify) RIBE HOW INJURY	OCCURED	
2 Accident Investigation	JURY — At home, farm, (Specify)		YES 2 NO	281. LOCAT	TON (Street and Nu Town, State)	imber or Rural	Route Number,
20e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my le							(a) and manner as stated,
29b. SIGNATURE AND TITLE OF CENTIFIED	2/		29c. LICENSE N		29d.		D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF JOhn C. Healy, M.D., 1311 31. DATE FILED (Month, Day, Year).		renue.	Halethorp	e. Md.	21227		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extractions after death. Page	TO THE FUNERAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral din he start with the Stare Dent of Health and Mental Horlene brior to burial, cremation, or removal.	
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Ann M. Dixon, MD

31. DATE FILED (Month, Dey, YEST)

JUN 22 1990

	, Middle, Last)				CATE OF	PEAIII	REG. NO.		3. TIME OF DEATH
	Carl	05	R.		Scaggs		6-20-90	AY YEAR	
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	ast birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	6, BIF	TTHPLACE (State or Foreign
219 48 0446	,	1 🔀 M 2 🗌 F	35		ONTHS DAYS	HOURS MIN.	9-12-54	MD	untry)
9a. FACILITY NAME (If not in	stitution, give stre	et and number)		1	b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	FDEATH
670 COX RO	AC THEOREM				Hur	tingtown	1	Calver	t County
10a. STATE MD	10b. COUNTY	rt			town or Local				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER					10	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
670 Cox Ro	ad					20639		USA	
11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) y:		ACE — American Indian, leck, White, etc. pecify: white
15. DEC	EDENT'S EDUC	ATION	16e. C	DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUSTR	Y
(Specify on Elementary/Secondary (I	ly highest grade c 0-12)	College (1-4 or 5 +	·) /	life. Do NOT use	rk done during mo retired.)	as or working			
12				arpent	er		Cor	nstructi	on
17. FATHER'S NAME (First, A	liddle, Last)					18. MOTHER'S NA	AME (First, Middle, Maiden	Surneme)	7. 13
William	R.	S	caggs			Bessi	ie N.	McCr	eady
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Tow	vn, State, Zip Code,	
Bessie N.	Scaggs			5955 S	caggs I	Rd., Owir	ngs, MD 20	0736	
20s. METHOD OF DISPOSIT 1 Suriet 2 Crematic 4 Donetion 5 Other	on 3 🗆 Remo		other	place)	lboro U	metery, cremetory or JM Church	n Owin	ocation - city of ngs (Cal	r Town, State Lvert) MD
21. SIGNATURE OF FUNERA	Mich.	ail 1	H.			nd Address of FA	al Home, (Owings,	MD 20736
23. PART i. Enter the cahock, or immediate CAUSE (Fi disease or condition resulting in death)	naart fallure, L	contact		ne. GUN WO	UND OF		ch as cardiac or reap	piratory arrest,	Approximata Interval Betwee Onset and Dast
Sequantially list conditions, leading to immercause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	ediata riNG ury c		(OR AS A CONS						
PART II. Other aignific	ant conditions	a contributing to	death but no	t resulting in	tha underlyin	ng cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXXYES 2 NO
AT 140 0400 DOCUMENT	TO HEDIO!! T					100 00 000 000	h		
25. WAS CASE REFERRED EXAMINER?	IU MEDICAL	HOSPITAL:			OTHER:	LACE OF DEATH (C			
POXIES 2 □ NO		1 Inpetient 2		3 DOA	4 🗌 Nursing Ho		8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5	Pending Investigation	26a. DATE OF (Month, I	F INJURY Day, Year)	26b. TIME INJU UKN	RY W	JURY AT ORK? YES 2 ∑XQO	Subject		D
		28e. PLACE	OF INJURY - At	home, ferm, st	reet, factory, offi	ca	26f. LOCATION (Street City or Town, State	and Number or Ru	ural Route Number,
2 Accident	Could not be determined	building	, atc. (Specify)		h	ome	670 Cox F	Road, Hun	tingtown, Cal

111 Penn Street, Baltimore, MD 21201 helia Savidson-Pandall

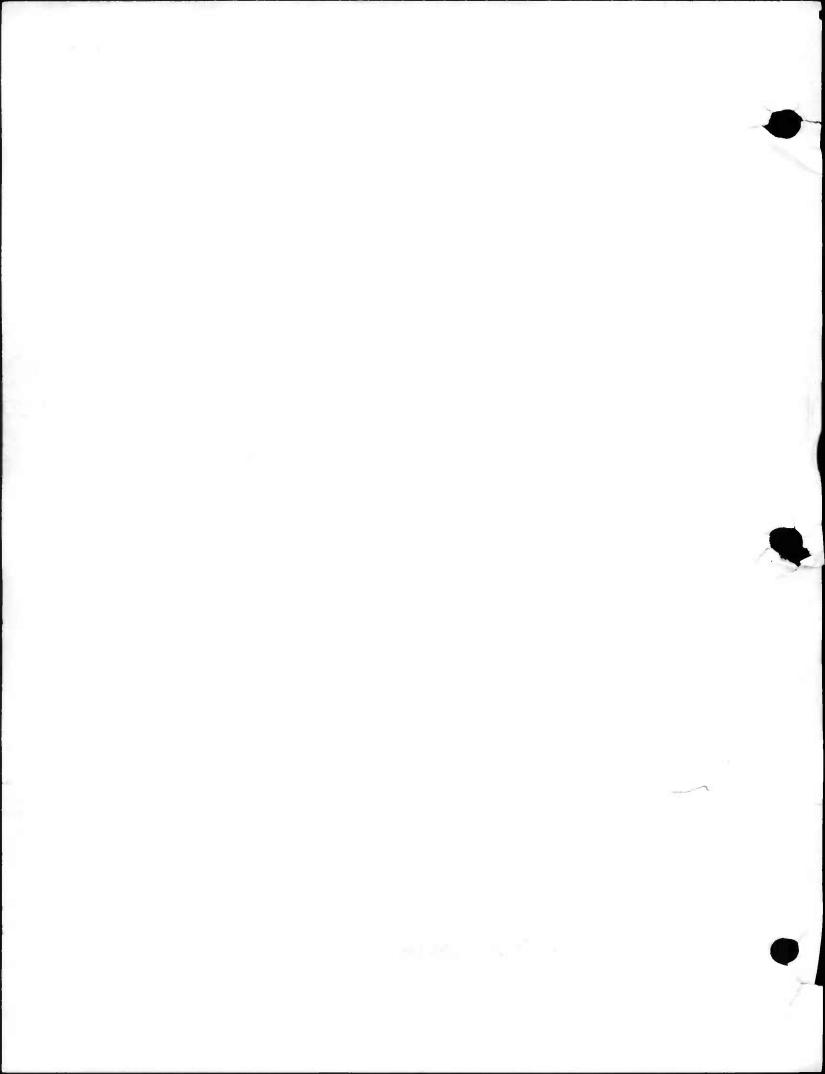
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COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

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6-21-90



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dian within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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	1 - STATE REGISTRAR		CERTII	FICATE	OF DE	ATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D		,	YEAR	3. TIME OF DEATH
,	Howard	Travers	Th	ompsor	1		MONTH	5/17/	90	YEAH	9:01am w
	4. SOCIAL SECURITY NUMBER	5. SEX	3. AGE (In yrs. last birthday			INDER 24 HRS.	7. DATE OF B	HTRI		8. BIRTH	IPLACE (State or Foreign
	217-01-1663	10 1 2 D F	71 YRS.	MONTHS	DAYS HOU	IRS MIN.	(Month, De)	(Year) 18/18	,	Countr	
	9a. FACILITY NAME (If not institution, give s	street and number)	/ 1	9h CITY 1	mwa op i o	CATION OF DE		10/10		NTY OF D	
TOR	North Arundel H				en Bur						rundel
DIREC	10a. STATE 10b. COUNT	ne Arundel		everna			·				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER 112 Evergreen 1	Rd.			10f. ZIP	211	.46			IZEN OF V	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	lf.		NT OF HISPAN Cuban, Maxicai NO Specify	n, Puerto Rican		or No-	14. RACI Black Spec	E — American Indian, k, Whita, atc. hy: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		ille. Do NOT	f work done du use retired.)	iring most of v			D OF BUS			
鱼			кера	irs Su						U.	S.C.G.
용	17. FATHER'S NAME (First, Middle, Last)		ž.		100	MOTHER'S NA					
BE	Albert T. Thom	oson				Gertru	ide R.	Bow1	ing		
ဥ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILII	NG ADDRESS	(Street and Nu	umber or Rural F	Route Number, C	City or Town	n, State, Zi	o Code)	
٦	Mrs. Jean A. Th	nampson	112	Everg	reen R	₹d	Sev	erna	Par	k M	D 21146
	20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE OF DISP other place) Zion Lu						imor		own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	Bana		22. N	AME AND AD	OORESS OF FA	-	195 F	Ritch	ie H	wy. ark MD 21146
	23. PART . Enter the diseases, Dr	complications that	caused the death. Do	not enter t	ha moda D	f dying, auc	h as cardiac	or respi	ratory ar	reat,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Cox	on each line.	Oma	ndr	y X	me	t	2		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. (1	ON FACE ON AS A CONSEQUENCE ON AS A CONSEQUENCE	48	tele	Lug	ulla D/J	Ha Cea	n re)	S min)
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to	death but not resultin	g in the und	darlying ca	use given in		n. WAS AN PERFOR	MED?	24	D. WERE AUTOPSY FINOINGS AMALABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26, PLACE	OF OEATH (Ch	eck only one)				
S	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DO	OTHER	1:			nealt i			
1YS	27. MANNER OF DEATH	28a. DATE OF			ing Home 5 28c, INJURY	☐ Residence	8 Other (S)		NJURY O	CCURED	
BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Da	y, Year) 17-90	INJURY M	WORK?	2 1 NO	28G. DE3CH	IDE HOW I	NOON! O	JOHED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE Of building,	FINJURY — At home, fam tic. (Specify)	n, street, facto	ory, office			ON (Street i own, State)		er or Rural	Route Number,
COMPLETED	(Check only		my knowledge, death occ amination and/or investig								(a) and menner as stated.
BE CC	290. SIGNATURE AND TITLE OF CERTIFIE	71-11	1.00	m	294	c. LICENSE NU	MBER	7			D (Month, Day, Year)
10 E	SE HAME AND ADDRESS OF PERSON W			De, Print)	ν	10 }	527	200		5-1	0 70
	31. DATE FRED MONTH DOWNTON	INSON			SE	-ver	na 1	AK	/(
l l	JUN 2 2 1990 9	runa Davidson	Marlows								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1 DECEDENT'S NAME (First Middle Lest)
	Alfredo Tomanio Month Day 1990 0040 a.m.
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) # UNDER 1 YEAR # UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	214-05-0099 1 MM 2 F 80 YRS. MONTHS DAYS NOURS MIN. (Month, Dey, Year) 12-10-09 New York
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
Œ	Anne Arundel Medical Center Annapolis A.A.
읽	Anne Arundel Medical Center / Annapolis /A./+.
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
ā	Md. A.A. Annapolis 12 YES 2 INO
AL	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
E	316 North Linden Ave. 21401 U.S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, etc.) 14. RACE — American Indian, Black, White, etc.
	1 Never Merried 2 Merried IF YES GIVE WAR OR DATES 1 YES 2 TO NO Specify: Specify:
BY	3 Wildowed 4 Divorced
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
<u> </u>	Elementery/Secondery (0-12) College (1-4 or 5+) life. Do NOT use retired.)
MP	9 Owner Restaurant
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	Joseph Tomanio Amelia L. Papa
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
-	Nina Pearl Miller Tomanio 316 North Linden Ave., Innapolis, MD 21401
	20g_METHOD OF DISPOSITION 20c. LOCATION — City or Town, State
	tion 5 - Other (Specify)
	22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401
	Mald A Just 147 Gloucester St., Annapolis, MD
	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate
	ehock, or haert feilure. Liet only one cause on each line. interval Between Onset and Death
	disease or condition
	resulting in deeth) e
_	
<u>o</u>	Sequentielly list conditions, if any, leading to immediate
CA	CAUSE (Disease or injury
H	that initiated evants DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	resulting In death) LAST
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS
DICAL	PERFORMED? AMALIABLE PRIOR TO
ED	1 □ YES 2X NO DF DEATH?
≥	1 YES 2 NO
N.	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCE OF DEATH (Check only one) OTHER:
ΙXS	1 SES 2 NO 1 SER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
	27. MANNER OF DEATH 26. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? NJURY AT WORK? M 1 YES 2 NO
BY	2 Accident Investigation
8	3 Suicide 4 Homicide 8 Could not be determined 269. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 269. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)
Щ	29e, CERTIFIER
₽ F	(Check only Check only Check only Check only Check only Knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated.
COMPLETED	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.
BE (296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month Day, Year)
TO B	16.K. Harring 25/92 16/2/190
F	30 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	Kickand I. Hochman My 16 Murray Auf, Annagoles red 2140
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

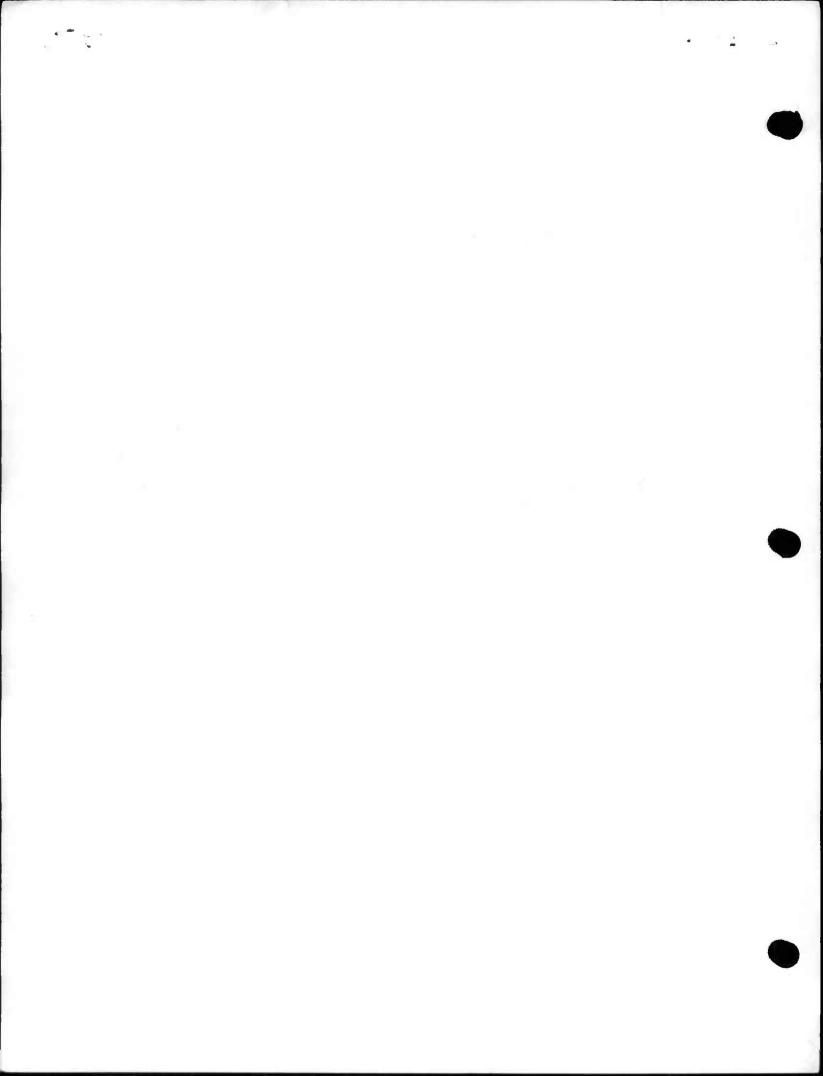
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR 1 - STATE REGISTRAR	STATE OF I				HEALTH AND	MENTA	L HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Olive		м.		Thomas	3	MONT	of DEATH DA	Y	YEAR	TIME OF DEATH 3:12AM M
	4. SOCIAL SECURITY NUMBER 212 90 3310	5. SEX	8. AGE (In yrs. I	ast birthday) YRS.	IF UNDER 1 YEA	IR IF UNDER 24 HRS.	7. DATE	OF BIRTH		Country)	Ca, W.I.
	9e. FACILITY NAME (If not institution, give stre	eet and number)			9b. CITY, TOV	IN OR LOCATION OF D				TY OF DEAT	
IOR I	604 Ridgewell Wa	ıy			Silve	er Spring			Mont	gomer	y County
띭	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR LO	CATION				10	d. INSIDE CITY
5		ntgomery		S:	ilver	Spring					YES 2 NO
RAL	10e. STREET AND NUMBER					10f. ZIP CODE 20902			Perma	en of wha	T COUNTRY?
FUNERAL DIRECTOR	604 RidgeWell Wa 11. MARITAL STATUS 1 Never Morried 2 Merried	12. WAS DECEDEN	YES 2 X		If yes	DECENDENT OF HISPA , specify Cuben, Mexic	en, Puerto			Black, W	American Indian, /hite, atc.
D BY	3 Wildowed 4 Divorced	IF YES, GIVE V		DECEDENT'S	USUAL OCCUP	YES 2 🙀 NO Spec		b. KIND OF BUS	INESS/INDL		Black
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 Years	+)	(Give kind of wife. Do NOT usi	rork done during e retired.)	most of working		World			
NO N	17. FATHER'S NAME (First, Middle, Last)	, icais		COM O C	1001	18. MOTHER'S N	AME (First,				
BE C	Ernest Stanley	McLeod				Iris	Mone	crieffe			
2	196. INFORMANT'S NAME (Type/Print) Annalisa & Nichol	Le Thoma				eet and Number or Rura ak Drive					
	20a. METHOO OF DISPOSITION 1 Suriel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	val from State	other	place)		cometery, cremetory or Cemetery			cation - c		
	21. SIGNATURE OF FUNERAL SHIVICE LICE	ENSEE	and a	.01		e AND AODRESS OF F es/Rinald	i 11				
	23. PART I. Enter the dieeeees, or coehock, or heert fellure. L				ot enter the	mode of dying, eu	ich ee ce	rdiec or respi	ratory erre	et,	Approximete Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition reculting in deeth)		ot woun								Onset and Death
N N	Sequentially list conditions,	D									
CATIC	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	OR AS A CONS	SEQUENCE OF	•):						
CERTIFICATION	that initiated events reculting in death) LAST	DUE TO	OR AS A CONS	SEOUENCE OF	7):						
	PART II. Other eignificent conditions	s contributing to	deeth but no	t resulting l	n the under	lying ceuse given i	n Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
PHYSICIAN: MEDICAL								XX YES 2		0	OMPLETION OF CAUSE F DEATH? XYES 2 NO
N.				-	-		-			1 12	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF OEATH (C	Check only	one)			
HAS	XXIS 2 □ NO 27. MANNER OF DEATH	1 Dipatient 2		3 DOA		Home 52 Besidence		ner (Specify) ESCRIBE HOW I	NJURY OCC	URED	
	1 Natural 5 Pending	6-11·	Day, Year)	8:05	URY	WORK?		bject			
>	2 Accident	26e. PLACE	OF INJURY - At	home, ferm,	street, factory,	office	261. LC	CATION (Street by or Town, State)	and Number	or Rural Rou	ite Number,
D BY	3 Suicide 6 Could not be	building	, mic. (Specify)								
	Homicide determined	building		home			604		well		Silver Spri
	Homicide determined	building	of my knowledge,	death occurr		date end place, end do	Mont	gonery	well Coun	ty,MI	
COMPLETED	29e. CERTIFIER (Check only	CIAN: To the best of	of my knowledge,	death occurr			604 Mant he time, de	gonery	Well nnCQUIN nd due to th	ty,MI • cause(e) =	
BE COMPLETED	29e. CERTIFIER (Check only one) XXXX MEDICAL EXAMINED 29b. SIGNATURA AND TITLE OF CERTIFIER	CIAN: To the best of	of my knowledge,	death occurr or investigation	on, in my opini	on, death occured at ti	604 Mant he time, de	gonery	Well nnCQUA	ty,MI • cause(e) =	ond menner ee stated.
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC One) XXXX MEDICAL EXAMINED	CIAN: To the best of	of my knowledge,	death occurrence investigation	Print)	on, death occured at the 29c. LICENSE N	604 Mant he time, de	te end place, er	well nnCQUA and due to the 29d. DATE	E SIGNED (A	ond menner ee stated.



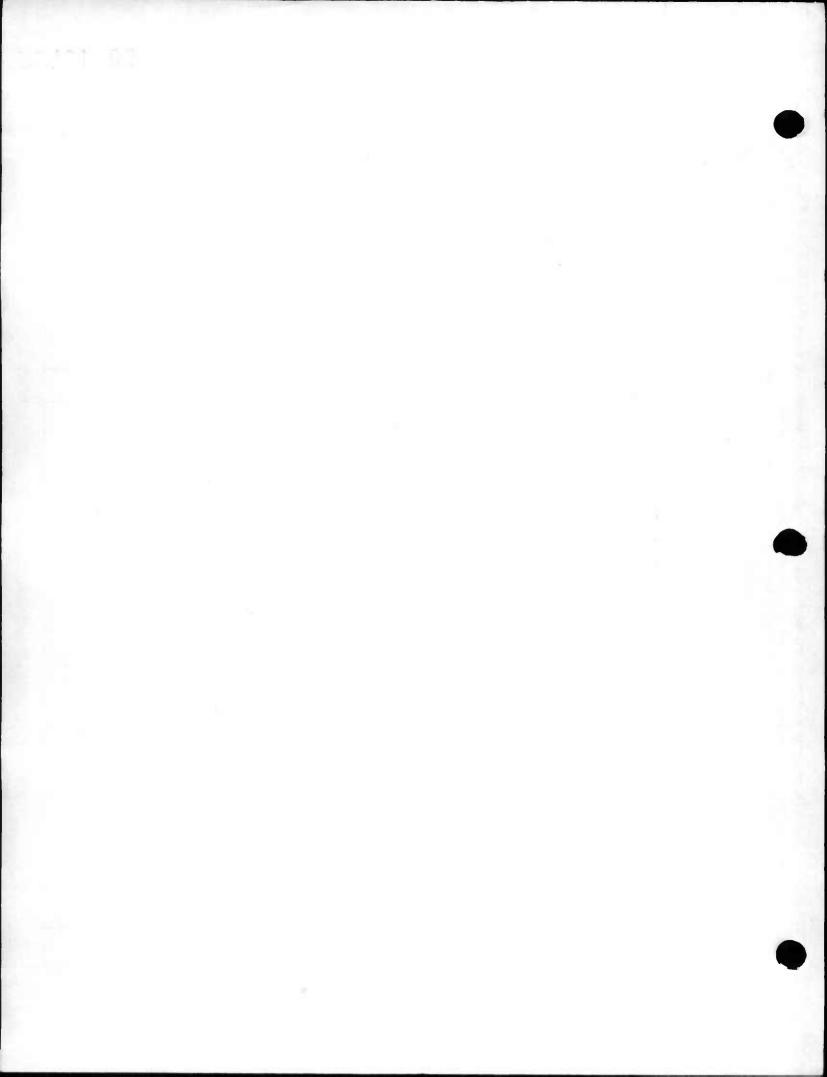
W.		8s 1, 2	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a stee death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O. BOX 13146	th certificate be executed w	ending physician and comp Hygiene prior to burial, c	or other traumatic eve
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	law requires that the deal	has been signed by the att Dept. of Health and Mental	23 shows any Injury,
SION OF VITA	ENDING PHYSICIAN: The	IR: After this certificate I er death with the State	is marked, or item
DIVIS	TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifed in by the for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28

FOR STATE OF MAR STATE OF MAR REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

520	CEDENT'S NAME (First,	Wildule, Last)							2. DATE OF DE	EATH DAY	VEAD	3. TIME OF DEATH
	В	ertram	Earl Ta	aylor					6	10	90	5:20 PM
4. 800	CIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1 YE	-	24 HRS.	7. DATE OF BIF (Month, Day,		6. BIRTH	IPLACE (State or Foreign
	9-46-7853 ACILITY NAME (If not ins	stitution, give s	1 M 2 F	83	YRS.		WN OR LOCAT	MIN.	7/31	11906	Mh OUNTY OF D	Ruland
	eater Lau			Hospita	al :	Laur						George's
10a. S		10b. COUNTY				, TOWN OR L	OCATION					10d. INSIDE CITY
	ryland	Prin	ce Georg	e¹s		Belts	V					1 YES 2 NO
0	TREET AND NUMBER 08 Muirkir	·k Roa	ad				101. ZIP COD				U.S.A	WHAT COUNTRY?
1 🗆 1	ARITAL STATUS Never Married 2 X Wildowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	NT EVER IN U.S. YES 2 MAR OR DATES	NO	If yo		en, Maxica	NC ORIGIN? (Spen, Puerto Rican,			E — American Indian, k, Whita, atc. ////////////////////////////////////
17. FAT	(Specify only ementary/Secondary (0-	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5	+)	Ilfe. Do NOT use	rork done durin a retired.)	ng most of work	ing		OF BUSINESS/		
	7			- N	lechani	ic - A	_					rch Center
	John R.		*						ME (First, Middle,		e)	
	NFORMANT'S NAME (7)				19b. MAILING	ADDRESS (St	treet and Numbe	r or Rural	Route Number, Cit	ly or Town, State,	Zip Code)	
	Dorothy 7	Faylor			6408	Muirk	irk Ro	ad,	Beltsvi	ille, Ma	arylar	nd 20705
20a. N	METHOD OF DISPOSITI	ON 3 Pam	ovel from State		ACE OF DISPOS or place)					20c. LOCATION		
	Donation 5/1 Other		Ovar nom state		Linco					Brentw	rood,	maryland
21. SIC	GNATURE OF FUNERAL	SERVICE LIC	CENSER	/		22. NA	ME AND ADDRI	SS OF FA	CLITY	Euro	امما لام	ome, PA
	May	LM	Kake	de .								, MD 20781
Sequif any ceus	uantially list condition uantially list condition useding to immediate. Enter UNDERLYI SE (Disease or injuinitiated events ilting in death) LAS	diate ING Iry	b. Cun DUE TO	O (OR AS A COP	NSEQUENCE OF	2 spr	rati	Ac	cides	nt-		
	T II. Other significe	nt condition	ns contributing to	death but n	ot resulting i	n the unde	rlying ceuse	given in		WAS AN AUTOP PERFORMED? YES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART	T II. Other significe	ent condition	ns contributing to	o death but n	ot resulting i	n the under	rlying ceuse	given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART	AS CASE REFERRED TO		ns contributing to	o death but n	ot resulting i		rlying ceuse		1 [PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART			HOSPITAL:			OTHER:	26. PLACE OF	DEATH (C)	1 [PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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25. WM E2 1 1 27. MA 1 5 2 [3] 4 [29a. C (C or or) 29b. S 30. NA	AS CASE REFERRED TO CAMINER? YES 2 NO ANNER OF DEATH Netural 5 Accident Suicide 6 Homicide CERTIFIER Check only 2 MEDI	Pending Investigation Could not be determined ICAL EXAMINE OF CERTIFIES F PERSON WHY	HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, I) 28e. PLACE (building) DICIAN: To the best of a	ER/Outpatter FINJURY Dey, Year) OF INJURY — A if my knowledge examination and JSE OF DEATH AR'S SIGNATURE AR'S SIGNATURE	at home, farm, a door investigation (ITEM 27) (Type,	OTHER: 4 Mursing E of 28 URY M street, factory, and at the time n, in my opin	26. PLACE OF 3 Home 6 P C. INJURY AT WORK? I YES 2 , office 29c. LIG	DEATH (C) tasidence NO e, and duction at the	eck only one) 6 Other (Spe 28d. DESCRIB 28f. LOCATION City or Tow	PERFORMED? YES 2 NO NOTIFIE HOW INJURY N (Street and Num Nn, State) and manner as place, and due to 29d.	OCCURED mber or Rural stated. to the cause DATE SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number; (a) and manner as stated.



REGISTRAR		CERTIFIC	AIE OF	DEATH	REG	. NO.	
I. OECEDENT'S NAME (First, Middle, Last)	an Patrick	Tho	nas		2. DATE OF OEA MONTH 6-110-	90 '	ZEAR 3. TIME OF DEATH
220-86-3476		MO	UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE OF BIRT (Month, Day, Ye	H 8	. BIRTHPLACE (State or Foreign Country)
	1 ∑ M 2 □ F	44 YRS.			01-06-4		Jamaica
No. FACILITY NAME (If not Institution, give Holy Cross Hospi				OR LOCATION OF	DEATH	1	Y OF DEATH
RESIDENCE OF DECEDENT	Ltai		errver	Spring		Montg	omery County
10e. STATE 10b. COUNT	γ	10c. CITY, T	OWN OR LOCAT	TION			10d. INSIDE CITY
Maryland Mont	gomery	Silv	er Spr	ing			LIMITS?
0e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
604 Ridge Well W	ay			20902		West	Indies
1, MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HIS	ANIC ORIGIN? (Speci	fy Yae or No- 1	I. RACE — American Indien, Black, White, etc.
Never Merried 2 Merried	IF YES, GIVE WAR OR		1 TES	2 NO Spi	ican, Puerto Rican, et cify:	c.)	SpecifyBlack
	<u> </u>		<u> </u>				
15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	(Give kind of work life. Do NOT use re	done during mo	DN sat of working	16b. KIND 0	F BUSINESS/INDUS	STRY
Elementery/Secondery (0-12)	College (1-4 or 5+)	Self Em			Co	11,,100 [bonos
7. FATHER'S NAME (First, Middle, Last)	4	Sell EIII	proyed	40 MOTUEPIA	NAME (First, Middle, N	llular F	Tiones
Herbert Thoma	c			111,000,000	and the same of the same of		
199. INFORMANT'S NAME (Type/Print)	3	19h MAII INC 40	DRESS /Street		ine V. Fo		orde)
Arlene Arcuri							ork 11693
200. METHOD OF DISPOSITION	1	0b. PLACE OF DISPOSITI				C. LOCATION — CI	
I ☐ Burlel 2 ☐ Cremetion 3 ☐ Ren	noval from State		remato			aurel, A	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME A	ND ADDRESS OF	FACILITY F100	k Funons	l Home, Inc.
1 101	11	. 1	7601	Sandy	Spring rd	Laurol	, MD 20707
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS	gunshot. WOL	and of	head			interval Between Onset and Death
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	С.	A CONSEQUENCE OF):					
resulting in death) LAST	d						
		but not resulting in					
Gunshot wound o			the underlyin	g cause given	P	MS AN AUTOPSY ERFORMED? ('ES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? XXX YES 2 \(\sqrt{N}\) NO
Gunshot wound of the control of the	of abdomen		26. P	LACE OF DEATH	(Check only one)	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Gunshot wound of the state of t	of abdomen HOSPITAL: 1 □ Inpatient XXXXV	utpetient 3 DOA 4	26. P THER: Nursing Hor	LACE OF DEATH	(Check only one) pe 6 Other (Speck	ERFORMED? YES 2 □ NO	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? XXXX YES 2 □ NO
Gunshot wound of the control of the	HOSPITAL: 1 Inpetion XXIII/O 260. DATE OF INJUR (Mogth Day, Year	utpetient 3 DOA 4 Y 28b. TIME 6/11/9 8: 05/	26. P PTHER: Nursing Hor OF 26c. IN W 1	LACE OF DEATH ne 5 Reelden JURY AT ORK? YES 2 XXO	(Check only one) ce 6 Other (Special Describe Subject	ERFORMED? YES 2 INO HOW INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? XXXX YES 2 NO RED TABLE PRIOR TO TO COMPLETION OF CAUSE DF DEATH?
Gunshot wound of the control of the	HOSPITAL: 1 Inpetient ACCINO 260. DATE OF INJUR (Mogth, Day, Year (Mogth, Day, Yea	utpatient 3 DOA 4 Y 28b. TiME 2 1/2 DA 1/4 1/4 DA 1	26. POTHER: Nursing Hor PF 26c. IN W 1 iet, factory, offlit home	LACE OF DEATH ne 5 Reelden JURY AT ORK? YES 2 XMO	(Check only one) ce 6 Other (Spech 28d. DESCRIBE Subject 28f. LOCATION (PREFORMED? (YES 2 NO (YES 2 NO (YES 2 NO (YES 3	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? XMX YES 2 - NO WRED t and shot sel **Rural Route Number,** Way,Silver Spr.
Gunshot wound of the control of the	HOSPITAL: 1 Inpetient ACCINO 260. DATE OF INJUR (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year (Mogth, Day, Year)	utpatient 3 DOA 4 Y 28b. TiME 2 1/2 DA 1/4 1/4 DA 1	26. POTHER: Nursing Hor PF 26c. IN W 1 iet, factory, offlit home	LACE OF DEATH ne 5 Reelden JURY AT ORK? YES 2 XMO	(Check only one) ce 6 Other (Spech 28d. DESCRIBE Subject 28f. LOCATION (PREFORMED? (YES 2 NO (YES 2 NO (YES 2 NO (YES 3	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? XMX YES 2 - NO WRED t and shot sel ** Rural Route Number,** Way, Silver Spr
Gunshot wound C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 2 Accident XDSScide 6 Could not be determined 290. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 Impatient XX PVO 28e. DIACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR SICIAN: To the best of my kn	utpatient 3 DOA 4 28b. TIME 0 6/11/9 8: 052 RY — At home, ferm, strepecify)	26. POTHER: Nursing Hor OF 26c. IN. W 1 1 et, factory, office home	LACE OF DEATH 10 5 Reelden 10 RY 1	(Check only one) 28d. DESCRIBE Subject 28f. LOCATION (604 R1)	PREFORMED? (YES 2 NO HOW INJURY OCCU WAS Sho Street and Number of State) digewell Ty Count not manner ee state.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? XMX YES 2 - NO WRED t and shot sel ** Rural Route Number,** Way, Silver Spr
Gunshot wound of the control of the	HOSPITAL: 1 Inpetient AND Properties 26e. DATE OF INJURYO 26e. PLACE OF INJURYO 26e. PLACE OF INJURYO SICIAN: To the best of my kn HER: On the best of examina	utpatient 3 DOA 4 28b. TIME 0 6/11/9 8: 052 RY — At home, ferm, strepecify)	26. POTHER: Nursing Hor OF 26c. IN. W 1 1 et, factory, office home	LACE OF DEATH ne 5 Reelden JURY AT ORK? YES 2 MO ce e end place, end death occured at	(Check only one) ce 6 Other (Spech 28d. DESCRIBE SUBJECT 28f. LOCATION (City or Town, 6 0 4 R1. WONTED THE clause(e) et the time, date and plus NUMBER	YY) HOW INJURY OCCU WAS Sho Street and Number of State) GGEWELL TO COUNT The count of the count	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? XMX YES 2 NO WAY, SILVER SPY Y, MD Cause(a) and manner as stated. SIGNED (Month, Day, Year)
Gunshot wound C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient XXIVO 26e. DATE OF INJUD 26e. PLACE OF INJUD building, etc. (S) SICIAN: To the best of my kn NER: On the best of examina	utpatient 3 DOA 4 Y 28b. TIME 0 6/11/9 8: 052 RY — At home, ferm, strepecify) owledge, death occurred tion end/or investigation,	26. POTHER: Nursing Hor DF 26c. in. MM 1 net, factory, offlic home st the time, date in my opinion,	LACE OF DEATH ne 5 Reelden JURY AT ORK? YES 2 MO ce e end place, end death occured at	(Check only one) De 6 Other (Special Subject. 26f. Location (City or Town 604 R10) Polyton the cause(e) ethe time, date and plice.	YY) HOW INJURY OCCU WAS Sho Street and Number of State) GGEWELL TO COUNT The count of the count	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XMX YES 2 NO URED t and shot sel r Rural Route Number. Way, Silver Spr. y, MD cause(a) and manner as stated.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24mours after death. Page 6 may be retained by the hospital or attending physician.

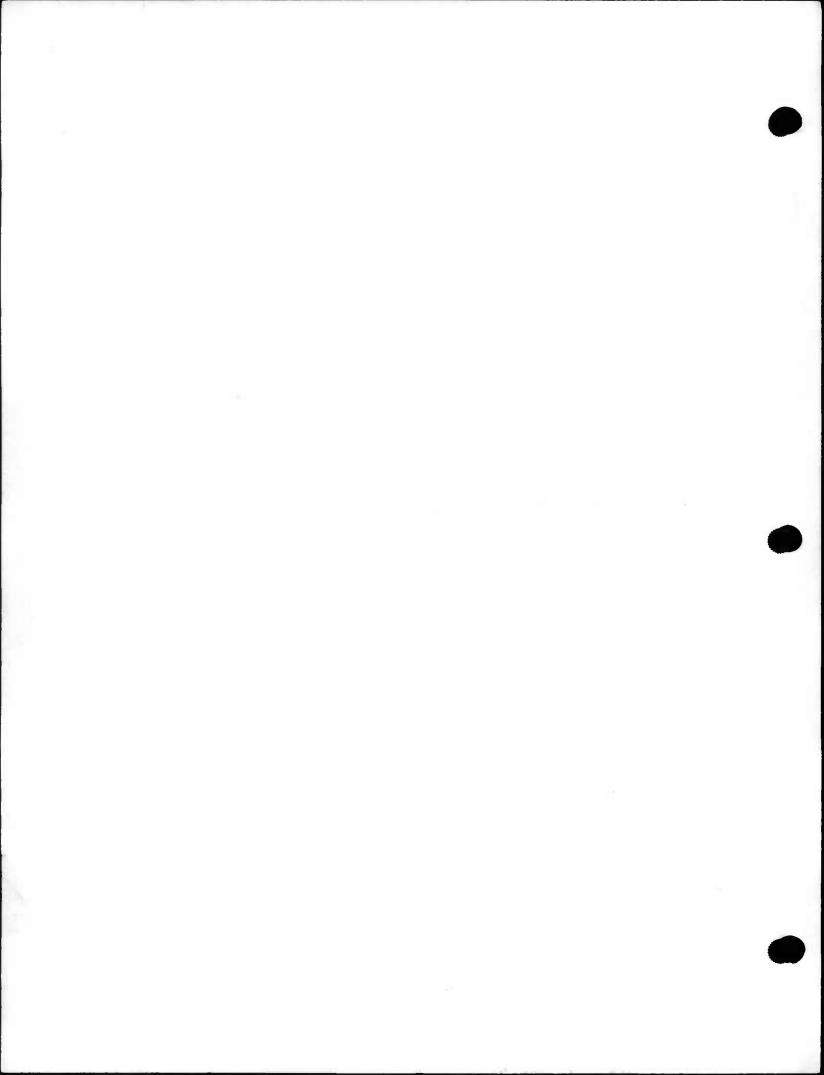
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached focuse as the burial-trainsit permit. Post in the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TLEM: SOCIETE CONTROLLED CONTROL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
. NIN 15 90

32. REGISTRAR'S SIGNATURE Savidson Randale

DHMH-16 Rev 1/89



3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify: White

1 YES 2 NO

20707

24h WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

19

20707

9

Interval Between

Onset and Death

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21203-31	aw requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending	s been signed by the attending physician and completely limed in by the funeral director, page 5 should be detached for use as the pt. of Health and Mental Hyglene prior to bunal, cremation, or removal.
BALTIM	urs after death. Pag	aly fined in by the funeral di ration, or removal.
13146,	executed with	and complete o burial, crem
P.O. BOX	eath certificate be	attending physician Ital Hygiene prior t
RECORDS, P.O. BOX 13146,	w requires that the di	i been signed by the attending physician and completely inved in by the fpt. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIRECTOR
TO BE COMPLETED BY ELINEBAL

notified

pe

must

traumatic event, the medical examiner

Injury,

any

Shows

Неш

6

certificate has be 23

with t

L OR ATTENDING P DIRECTOR: After the hours after death v

FUNERAL I within 72 h

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

UN 15 90

LUIS A. CASAS MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL REC

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

ena 3. 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 🗌 M 2 💹 F 087-32-3847 101 10-23-1888 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Greater Laurel Nursing Home Laurel Prince George RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE Haryland Prince George Burtonsville 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 14523 Dowling Drive 20856 USA 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, atc.)
 The YES 2 NO Specify: 1 Never Married 2 Married
3 Wildowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe entary/Secondary (0-12) Retired Public School Teacher 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Lamont Titus Carrie Avery 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Stanley Thorne 14523 Dowling Drive Burtonsville, HD 20866 20a: METHOD OF DISPOSITION
1/☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Vestal Hills Mem. Park Binghamton, Hew York 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7601 Sandy Spring RD Laurel, MD 23. PART I. Enter tha diseases, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) neumonia DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): If any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER: 1 YES 2 HO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Homa 8 - Rasidence 8 - Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY - At building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ne, farm, atreet, factory, offica 3 Suicide COMPLETED 6 Could not be 4 Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

8317 CHERRY LA.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

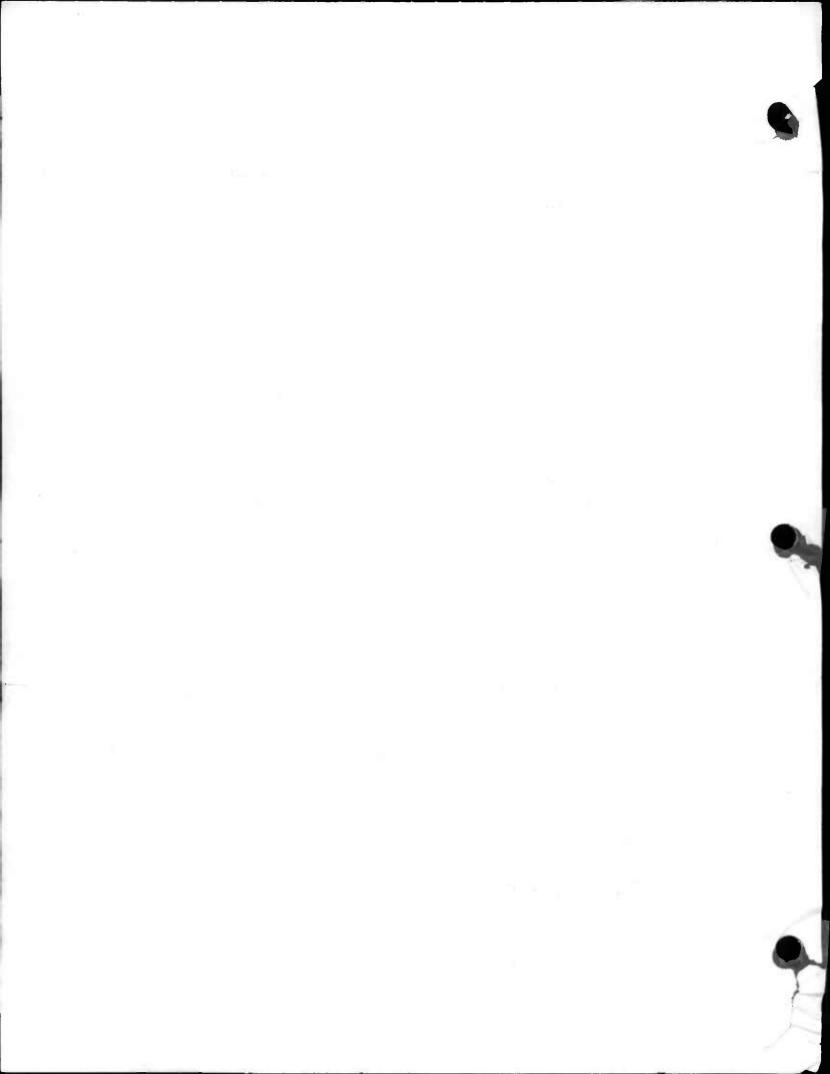
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

71 17 17

באבו ואסוב, אסו באום	after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detache moval.	ical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13145, BALLIMORE, MARILLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mes after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					ENTAL HYG REG.		10-	-18488
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	H DAY	YEAR	3. TIME OF DEATH
3	RAYMOND T.							June	21.	1990	6:30 AM	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRT (Month, Day, Ye	nr)	6. BIRT	THPLACE (State or Foreign ntry)
	578-10-2937	1 M 2 - F	80	YRS.	MONTHS	DATS	HOURS	WIIV.	OCT.14,			HINGTON, D.C.
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DEA	TH	9c. C	OUNTY OF	OEATH
5	WHEATON MANOR	CARE			WH.	EATO	N			M	ONTGO	OMERY
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCAT	ON					10d. INSIDE CITY
מות	MARYLAND MON	TGOMERY		S	ILVE	R SP	RTNG					LIMITS?
7	10a. STREET AND NUMBER						ZIP CODI	E		10g.	CITIZEN OF	WHAT COUNTRY?
	423 KERWIN ROAD						209	01			USA	
ONE	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED					C ORIGIN? (Speci		- 14. RA	CE — American Indian, ick, Whita, atc.
	1 Never Married 2 A Married 3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR OATES	ğιο				Specify:	, Puarto Rican, at	·-)		ecify:
		10171011	140- 5			e cu i patrio			T 441 KIND O	F BUILDINGS	(INDUSTRY)	WHITE
	15. DECEDENT'S EOU (Specify only highest grad	completed)	(C	ECEDENT'S Give kind of e. Do NOT u	work done se retired.)	during mo	n of workin	g	16b. KIND O	r BUSINESS	MDUSTRY	
2	Elementary/Secondary (0-12)	Collega (1-4 or 5	+)	CEAMF			CAL					
COMPL	17. FATHER'S NAME (First, Middle, Last)					-			IE (First, Middle, M	eiden Suman	e)	
	GERALDO TASSA						CO	NCHET	TA RAS	SA		
100	19a. INFORMANT'S NAME (Type/Print)			96. MAILING	AOORES	S (Street a	nd Number	or Rural Ro	oute Number, City	r Town, Stete	, Zip Code)	
=	JANE TASSA	(WI	FE) 4	+23 K	ERWI	N RO	AD :	SILVE	ER SPRIN	G, MA	RYLA	ND 20901
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ran	noval from State	20b. PLACE other p	olace)						c. LOCATION		
Ì	4 Donetlon 5 Other (Specify)	A 01.180.00	GATE	E OF						LVER	SPRI	NG,MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	2 1					SS OF FAC	LINS FU	NERAL	HOME	E, INC.
	Mutae	10	not	n								,MD, 20901
	23. PART I. Entar tha diseasaa, or shock, or haart fallure.	complications the	nt caused tha d	eath. Do	not antar	tha mo	da of dy	lng, auch	aa cardiac or	reapiratory	arreat,	Approximata interval Batwaan
ı	IMMEDIATE CAUSE (Final				. ,							Onaat and Death
	disaaaa or condition reaulting in death)	a. Respi	Ratory	10	c1/4	Re						2 mas.
		DUE TO	OR AS A CONSE	EQUENCE (DF):	1.	1	Or .				
5	Sequentially list conditions,	b. CORC	OR AS A CONSE	EQUENCE C	OF):	4	ny					
HILICALION	If any, laading to immadiata cause. Entar UNDERLYING	C.										
	CAUSE (Diseasa or injury that initiated events	OUE TO	(OR AS A CONSE	EQUENCE (P):		_					
	reauiting in death) LAST	d										
	PART II. Other significant condition	ns contributing to	daath but not	resulting	in the u	nderlyln	cause :	given in i		AS AN AUTOR	SY 2	4b. WERE AUTOPSY FINDINGS
5	Chronic Obs	TRUCTIVE	Pul	mon	ary	DI	sea	se		ES 2 N	,	AVAILABLE PRIOR TO COMPLETION OF CAUSE
3									_ '''	20 1		DF DEATH?
2												
Ž	25. WAS CASE REFERRED TO MEDICAL						ACE OF D	EATH (Che	ck only one)			
2	1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 X Nu		a 5 🗆 R	naldenca	6 Other (Specif	y)		
BY PHYSICIAN: MEDI	27. MANNER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF IJURY	28c. INJ WC	URY AT		28d. DESCRIBE	10W INJURY	OCCUREO	
<u>_</u>	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆		NO				
	3 Suicida 6 Could not be	28a. PLACE building	OF INJURY — At h , etc. (Specify)	noma, farm,	atreet, fac	tory, offic			28t. LOCATION (City or Town,	Street and Nu State)	mber or Run	al Route Number,
<u>.</u>												
COMPLETED	(Check only	SICIAN: To the best of	-									
3			4	r investigat	ion, in my	opinion, c						e(s) and menner as stated.
	295. SHOWATURE AND TITLE OF CERTIFI	B	<u> </u>	100	,		29c. LIC	ENSE NUM	BER	29d.	DATE SIGN	IED (Month, Day, Year)
IO BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH /IT	FM 271 (5-	e Printi		V	00	/		0/2	170
	RAYMOND T. BENA		4115 C			JE I	ЛНБ∆г	ron	MARYLAN	ח מ	906	
	31. DATE FILED THAT POR MAN 90	L an DEGUATE	1 DIO 01011 ATURE				· * * LL .	.011,	THINTLIMIN	ט ב	700	
	JUN 25 '9()	Julia	Davidson	Rando	00							



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1)
1		
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1	-	FOR STA REG		AF
	1. D	ECEDI	ENT'S	N/
ш			000	im.

1 - FOR STATE REGISTRAR	TE STATE OF MARTILAND / DEPARTMENT OF REALTH AND MENTAL RIGIENE									1489				
1. DECEDENT'S NAME (First	, Middle, Last)	Marj MARJORI			nmn)	Та	ylc	r	MONT	OF DEATH DA	1990	YEAR		: 26 A
4. SOCIAL SECURITY NUMI	BER	5. SEX	8. AGE (In yrs. last	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		OF BIRTH				(State or Foreign
241-20-720		1 □ M 2 🂢 F	6	9	YRS.		DAYS	HOURS MIN.	AP	th, Day, Year) R 28 19			TH C	AROLINA
9e. FACILITY NAME (If not in						9b. CITY, 1	OWN C	R LOCATION OF DE	EATN		9c. COU	INTY OF	DEATN	
	NATIONAL NAVAL MEDICAL CENTER						BE	ETHESDA			MC	ONTG	OMER	Y
10e. STATE	10b. COUNT	1			10c. CITY	, TOWN OR	LOCAT	ION					10d. II	NSIDE CITY
MARYLAND	HA	RFORD		1	EDGEW	IOOI)						IMITS? YES 2 1 NO	
10e. STREET AND NUMBER							101	. ZIP CODE			10g. CIT	IZEN OF	WHAT C	OUNTRY?
609 SIL	VERBEL	L DRIVE						21040)		UN	VITE	D ST	ATES
11. MARITAL STATUS		12. WAS DECEDEN	T EVER II	N U.S. ARI	MED			ENDENT OF NISPAI acify Cuben, Mexica			or No-	14. RAG	CE — Am	ericen Indien,
1 Never Merried 2 Merried 3 Widowed 4 Divorced Never Merried 2 Merried Widowed 4 Divorced Never Merried								2 NO Specifi		riceit, etc.)		1.57	city:	HITE
15. DEC	EDENT'S EDU ly highest grade	CATION completed)		16a, DE	CEDENT'S	JSUAL OCC	CUPATIO	ON at of working	18	b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (College (1-4 or 5	+)	life.	Do NOT use	retired.)	ang me	or or wortang						
12					H	DUSEW	IFE	E						
17. FATHER'S NAME (First, A					18. MOTHER'S NA		Middle, Maiden E COOK	Surname)						
19e. INFORMANT'S NAME (Type/Print)			198	. MAILING	ADDRESS (Street a	nd Number or Rural	Route Nur	nber, City or Tow	n, State, Zi	ip Code)		
BENAJMIN J.		609 SILVERBELL DRIVE, EDGEWOOD, MD 21040												
20s. METNOD OF DISPOSIT		ovel from State		other nu	eco)			netery, crematory or			CATION			
4 Donation 5 Other		rlir	ngton	Nat:	Lona	al Cemet	ery	Ar	ling	ton,	Vir	ginia		
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE						D ADDRESS OF FA				7		
Wheen	& K	M. P.	711	6	127			d K. McC						
23. PART i. Enter the c	isaaaas, or	complications the	at cause	d the da	ath. Do n			Cokesbur						Approximata
ahock, or h	naart fallure.	Liat only one ca						, , ,			105 1.5		- 11	Interval Between
IMMEDIATE CAUSE (FI disease or condition	nel												- `	Oliset and Deeth
resulting in death)	→				CARD I		NFA	RCTION					-	
		DOE 10	(On AS	CONSEC	JOENCE OF	j.							i	
Sequantially list condi-		b	OR AS A	A CONSEC	DUENCE OF):							-	
If any, leading to imme cause. Enter UNDERLY			(-11-11-11-11-11-11-11-11-11-11-11-11-11			,-							Ì	
CAUSE (Disease or Injute that initiated events	ury	DUE TO	(OR AS	A CONSEC	DUENCE OF):							_	
resulting in daeth) LAS	т	d												
PART ii. Other signific	ant condition	no contribution to	dooth b	vut ant v	andilan i	- Ab - 100	la els da	n anua aluan In	Don't I	24e. WAS AN	ALCTORON		A MESS	ALITOONY EN IDAIGO
PART II. Othan signific	ent condition	is contributing to	ueatii L	out not i	eauting i	n the dire	eriyiii	y cause given in	Part I.	PERFOR			AVAIL/	AUTOPSY FINDINGS
										1 TYES 2	X NO		OF DE	LETION OF CAUSE ATH?
													1 🗆 1	YES 2 NO
										<u> </u>				
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HQSPITAL:				OTHER		LACE OF DEATH (C)	neck only (one)				
1 🗆 YES 2 🛣 NO		1 Nopetient 2	☐ ER/Out	patient 3	□ DOA			e 5 🗆 Residence	8 🗆 Oth	ner (Specify)				
27. MANNER OF DEATN 1 🔯 Natural 5	Pending	28e. DATE O (Month,	F INJURY Day, Year)		28b. TIMI INJ	OF :	WC	URY AT ORK? YES 2 NO	28d. DI	EŞCRIBE NOW I	NJURY O	CCURED		
2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY	Y At ho	me, farm, s	treet, facto				CATION (Street		er or Rura	/ Route N	umber,
4 Nomicide	determined	building	, etc. (Spe	опу)					Cit	y or Town, State)				·
29e. CERTIFIER (Check only	TIFYING PNYS	ICIAN: To the best of	f my know	viedge, da	ath occurre	d at the tin	ne, date	end plecs, end due	to the c	ause(e) end me	nner ee at	ated.		
000)	DICAL EXAMINE	R: On the basis of	examinatio	on end/or	investigatio	n, In my op	Inlon, c	leath occured at the	time, de	te end place, er	nd due to	the ceuse	e(e) end n	nenner ee stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	R	i		(4		1	29c. LICENSE NU	MBER		29d. DA	TE SIGN	(Month	i, Day Year)

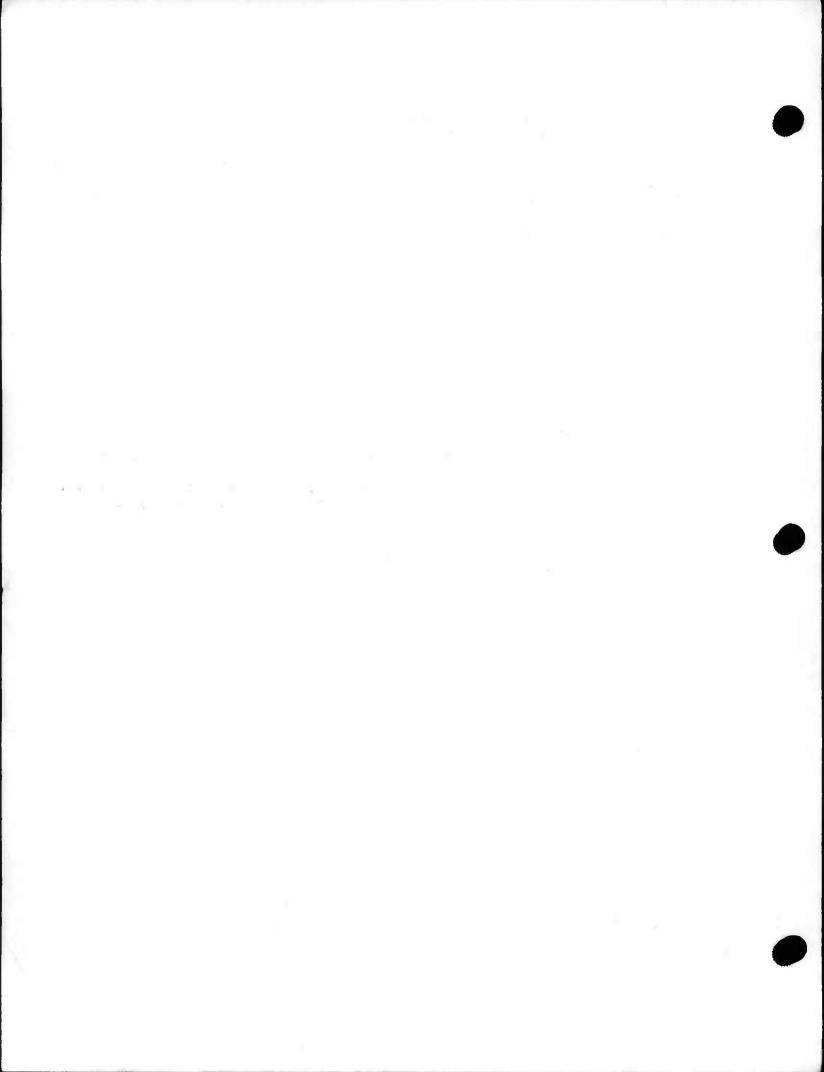
LODR MIC 6/20

NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20814-5011

FELLOWES LCDR, USN

32. REGISTRAR'S SIGNATURE

JUN 20 '90



	1 - FOR STATE OF MARY	LAND / DEPARTI			MENTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) MARGARET E. TAYI	LOR			June 10,	1990 ^{ve}	3. TIME OF DEATH 1:30 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX Fema League 219 28 5557 1 m 2 XF 7/2	4 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/2/1915	Ma Ma	INTHPLACE (State or Foreign ountry) aryland		
OR	9a. FACILITY NAME (If not Institution, give street and number) At Home #1D Morgnec Village		Cheste	r LOCATION OF DEA	ATH	e. county (
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Kent		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1		
	10. STREET AND NUMBER 1 D Morgnec Village		101	. ZIP CODE 21620			OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS DIVOTCed 1 Never Married 2 Married 3 Wildowed X Divorced 1 PYES, GIVE WAR OR	s 2 X 100	If yes, spe		IC ORIGIN? (Specify Year, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: hite		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use i	k done durina mo	DN at of working	16b. KIND OF BUS	INESS/INDUST			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Grover Coleman				ME (First, Middle, Meiden :	Sumame)			
TO B	190. INFORMANT'S NAME (Type/Print) Mary Burton	19b. MAILING A Rte #		nd Number or Rural R	Chesterto				
	20e. METHOD OF DISPOSITION Burial \$\forall \text{XSurial} 2 \cap \text{Cremation } 3 \cap \text{Removal trom State} \\ 4 \cap \text{Oonation } \sigma \cap \text{Other (Specify)} \cap \text{.}	netery, crematory or	Chestertown, Md.						
	21. SIGNATURE OF UNERAL SERVICE LICENSEE VILLS (1)	ells		D ADDRESS OF FAC Villis We	P.O.	Box # tertow	264 n, Md. 21620		
	23. PART I. Enter the diseases, or complications that cause about, or heart failure. List only one cause on IMMEDIATE/CAUSE (Final disease or condition resulting in death)	each line.	t enter the mo	de of dylng, auch	n aa cardiac or reapi	retory arreat,	Approximate Interval Between Onset and Death		
NO	Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
CERTI	resulting in death) LAST								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death	but not resulting in	the underlying	g cause given in	Part i. 24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	nck only one)				
IYSIC	1 Tes 2 No 1 Inpetient 2 Ter/or	utpatient 3 DOA 4		e 8 - Residence					
ВУ РН	27. MANNER OF DEATH 1 Neture: 5 Pending 2 Accident Investigation) INJUI	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUR	ED		
	3 Suicide a Could not be determined 26e. PLACE OF INJU building, etc. (S)	RY — At home, farm, str pecify)	eet, factory, offic	•	261. LOCATION (Street a City or Yown, State)	and Number or F	d Number or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my km one) 2 MEDICAL EXAMINER: On the beat of examiner						use(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER		GNED (Month, Day, Year) 1 1 - 9 0		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF Michael Bienenfeld, M.D.		Che	estertown	, Maryland	1 21620)		
8	31. DATE FILED (MONTH) Day Mar) 90 32. REGISTRANS SA	PHATURE Panda	82						

BALTIMORE, MARYLAND 21203-3146

FUNERAL DIRECTOR

В

BE COMPLETED

2

	3	200	ŧ۱
46,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	and co	matic
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	HOSP	FUNE	TANT
	뿔	里多	OR
	6	23	M
		. —	

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE 2 29a.

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investigation

1 | YES 2 | 196 27. MANNER OF DEATH 1 Natural

2 Accident 3 Sulcide

4 Homicide

														_	JU	184	9
FOR STATE REGISTRAR		STATE OF I	MARYL					IEALTH DEAT		MENT	AL HYGII						
1. DECEDENT'S NAME (First,	Middle, Last)										TE OF DEATH				3. TIME	OF DEATH	
YVO	NNE (CECILIA	THON	1AS						JUN		DAY 11	19	YEAR	11:3	85 p	М
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. last	birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH	00		8. BIRT		itate or Foreign	
219-48-881	219-48-8814 1 □ M 2 ☒ F 42 YRS.						DAYS	HOURS	MIN.		EMBER	12 ,	194		.,	. D.C.	
9a. FACILITY NAME (If not in						9b. CITY,	TOWN	OR LOCATION	ON OF DE	EATH		94	c. COU	NTY OF	DEATH		
National Ind		of Heal	th			Bet	hes	da					Mor	rtgo.	mery		4
10a. STATE	10b. COUNT	Υ	-		10c. CIT	Y, TOWN O	R LOCA	TION								IDE CITY	
MARYLAND	Prin	ce Georgi	٤		BEL	TSVI	LLE	,								S 2 NO	
10e. STREET AND NUMBER							10	f. ZIP CODI	E			10	og. CITI	IZEN OF	WHAT COL	JNTRY?	
11813 MACON STREET								2070)5				U.	S.A	•		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 NO Specify: WHIT:						ck, White,					
15. DECEDENT'S EDUCATION 16a. DECEDENT (Specify only highest grade completed) (Give kind.							CUPATI	ON ost of workin	na	- 1	6b. KIND OF	BUSINE	ESS/IND	DUSTRY			
Elementary/Secondary (0) Grade 11		College (1-4 or 5	+)	iile.	DO NOT US US EWA	e retired.)					Home						
17. FATHER'S NAME (First, M	liddle, Last)			1100	00 000	18. MOTHER'S NAME (First, Middle, Maiden Surname)											
John Anthon	ry Phi	llips				Dimple Marie Duncan											
19a. INFORMANT'S NAME (7	Type/Print)			196	. MAILING	AODRESS	(Street	and Number	r or Rural	Route No	ımber, City or	Town, S	itate, Zip	Code)			
NOAH THOMA	S, JR.	(HUSBAN	D)		SAME												
20a, METHOO OF OISPOSIT		novel from State		other pla	(ce)			metery, crer			20c.	20c. LOCATION — City or Town, State					
4 🗆 Conation 5 🗆 Other	(Specify)		_	Fort	Line			eteri			Bn	ent	woo	d. 1	Maryl	and	
21. SIGNATURE OF FUNERA	H Ja	CENSEE	lolar	lele		22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707											
23. PART I. Entar tha d shock, or h		complications the				not entar	tha mo	oda of dy	ing, suc	ch as c	ardiac or re	spirat	ory ar	rest,	in	pproximata tarval Betwe	
iMMEDIATE CAUSE (Fir disease Dr condition resulting in death)	nal -	a. No our	T/Z O(OR AS	Mar A CONSEC	ED DUENCE O	Ly	mPl	turn 1	9						10	S YEAR	ith S
	_														120	WEEKS	
Sequantially list condit if any, laading to imme		b. PANCE	OR AS	A CONSEC	UENCE O	F):											\neg
cause. Entar UNDERLY CAUSE (Disease or inju	ING	a THRE	mó	CYT	PEN	MA									6	monn	13

that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMEO? YES 2 NO YES 2 NO

PRELIMINARY

H(OSPITAL: Inpatient 2 ER/Outpatient 3	DOA A	OTHER:	Home !	5 KRasidence	6 ☐ Other (Specify)	
	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		WORK	7	28d. DEŞCRIBE HOW INJURY OCCUREO	
	28a. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, str	reet, factory	, offica		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

28. PLACE OF DEATH (Check only one)

Check only	the CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta end placa, and dua to the cause(e) and manner as stated.
ne)	2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my coinion, death occurred at the time, date and place, and due to the

ause(a) and menner as stated. 29d. OATE SIGNED (Month. Day, Year,

A LOX OF CONTRIENT
--

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

9000 ROCKVILLE PIKE, BETHESDA, MD. GREGORY 20892

32. REGISTRAR'S DIGNATURE
Julia Davidson-Rondall 31. DATE FILED (Month, Day, Year)
6/(2/9UN 1 '90 3

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with our after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)	DORRIS VI	LES !	PIBBE	TS,		2. DATE OF	F DEATH DA	Y .	YEAR 3.	TIME OF DEATH		
	DORRIS 1160ETTS 10-10-199019										9 3 your		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birt	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		Country)	CE (State &r Foreign		
	005-24-0033	1	10	YRS.				28-	99	Mair			
or.	9a. FACILITY NAME (If not institution, give s	street and number)		9b. C	TY, TOWN C	OR LOCATION OF DI	EATH		9c. COUNT	Y OF DEATI	and		
P	RESIDENCE OF DECEDENT	4 HOME	_		OIL	mbia			170	000	MRG		
8	10e. STATE 10b. COUNT	Y	10	Dc. CITY, TOW	N OR LOCAT	TION				100	I. INSIDE CITY		
DIRECTOR	Maryland H	loward		Elli	cott	City				1 [YES 2 NO		
AL	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?		
FUNERAL	3109 Ramblewood	d Road				21043	}		US	SA.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED) 1		ENDENT OF HISPAI			or No-	4. RACE — Black, W	American Indian, hite, atc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D				2 NO Specif		Sp			White		
	15. DECEOENT'S EDU	ICATION	160 DECED	ENT'S USUAL	OCCUPATION	ON	105 1	IND OF BUI	SINESS/INDU		AUT CE		
COMPLETED	(Specify only highest grade	e completed)	(Give k	and of work do	ne during mo	ost of working	100, 1	CIND OF BOX	SINCSS/INDO	SINI			
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	Te	eache	r		Ed	ucat	ion	Sch	001)		
OM	17. FATHER'S NAME (First, Middle, Last)			0.0110		16. MOTHER'S NA				(= 0110	7017		
	John R. Vil	es				Etta	Hamm	ond					
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING AOOR	ESS (Street a	and Number or Rural			n, State, Zip (Code)			
2	Norene Linder	à	310	9 Ra	mble	wood Rd	. E1	lico	tt Ci	ity.	MD 21043		
	20a. METHOD OF DISPOSITION 15 Surial 2 Cremation 3 Rem	novel from State	b. PLACE OF I	DISPOSITION	(Name of ce	metery, crematory or		20c. LO	CATION — C	ity or Town,	Stata		
	4 Donation 5 Other (Specify)		Flags	staff		orial C		E	ustis	s, Ma	aine		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		1	22. NAME A	ND ADDRESS OF FA	S	lack	Fune	rel	Home		
	Comsalles	Dlack	MC	0535		Ellicot							
	23. PART I. Enter the diseases, or			. Do not en							Approximete		
	IMMEDIATE CAUSE (Finel										Interval Between Onset and Death		
	disesse or condition resulting in death)									2 day (
		DUE TO (OR AS	A CONSEQUE	NCE OF):	-,								
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										ayrs.		
AT	If eny, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSCOUE	ONSESSENCE OF J.									
CERTIFICATION	CAUSE (Disesse or injury												
E	that initiated events resulting in death) LAST												
	PART II ON THE INTERNATIONAL PROPERTY.									Latina			
MEDICAL	PART ii. Other aignificent condition	but not resu	ilting in the	g ceuae given in	Part i.	art i. 24a. WAS AN AUTOPSY PERFORMED?			RE AUTOPSY FINDINGS AILABLE PRIOR TO				
ă							-	1 TYES 2	□ NO		MPLETION OF CAUSE DEATH?		
-							1			1 (YES 2 NO		
Ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			JEM!	LACE OF OEATH (C/							
14S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	- 7	8b. TIME OF	-	ne 5 Rasidence	_		NJURY OCC	UREO			
	1 Natural 5 Pending	(Month, Day, Year)		YRIJURY	W	YES 2 NO							
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home,	farm, street,	factory, offic	Dia .			and Number	or Rural Rout	e Number,		
TED	4 Homicide determined	building, atc. (Spe	ecny)				City of	Town, State,					
Ë	29a. CERTIFIER 1 DE CERTIFYING PHYS	SICIAN: To the still at my show	eledge, death	occurred at ti	he time, det	e end place, and du	a to the cave	e(a) and ma	nner as state	d.			
COMPLET	(Check only one) 2 MEDICAL EXAMIN	/ // ,									nd manner as stated.		
1	29b. SIGNATURE AND TITLE OF CERTIFIE	6 1 /VA		_		29c. LICENSE NU	IMBER		29d. DATE	SIGNED /A	mm Day, Year)		
BE		(D 28:	246		•	, /	Wan.		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	31. DATE FILED (Month, Day, Year) 2 9	32. REGISTRAR'S SIG	NATURE DELMAR	Bando	82								
	1 10U T C 3	1	140001	1									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

10

AME TO STATE OF THE STATE OF TH effect on a male we obtain a little and the little as the profession of a value of AND SERVICE STATE OF THE SERVI

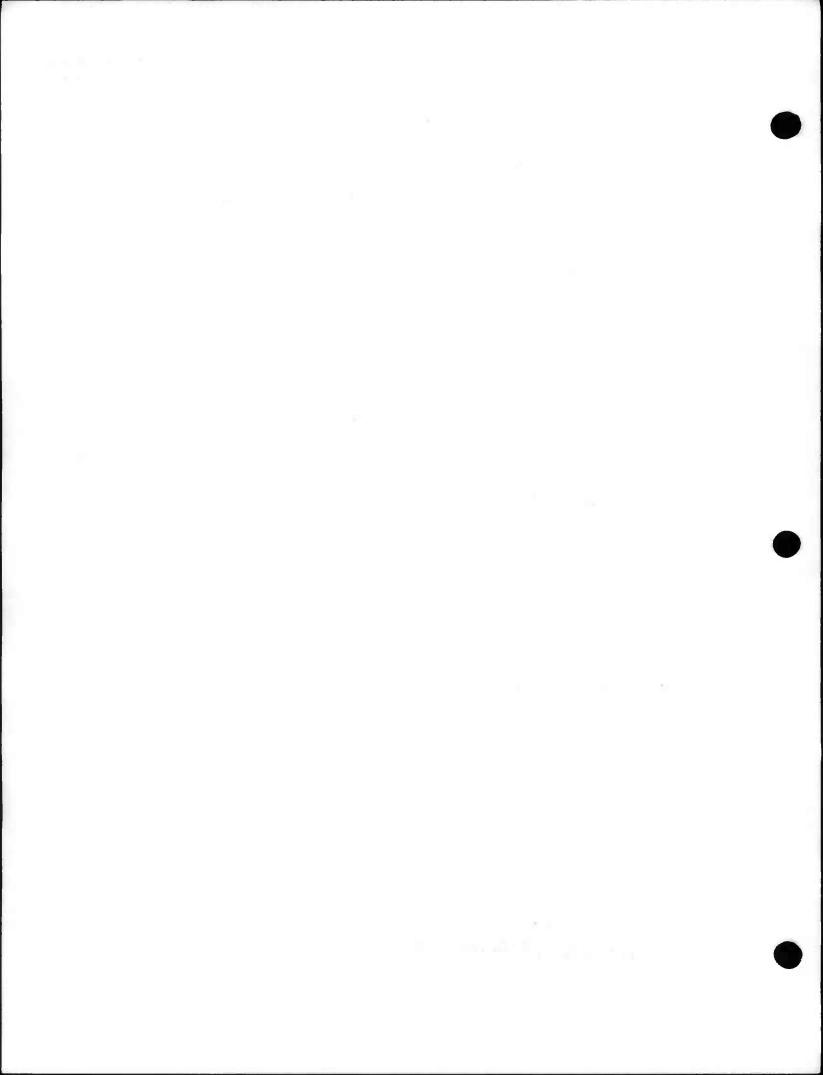
146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit panel find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	SUBDITION: 19 Item 29 is marked or Hem 22 shows any injury or other trainmatic event the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	JAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the (he find within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	or item 23 shows any injury or other traumat
IVISION OF	AL OR ATTENDING PHYSICI	AL DIRECTOR: After this central hours after death with the	it Item 28 is marked o

CERTIFICATION
MEDICAL
PHYSICIAN:
BY
COMPLETED
BE (
2

20

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First VIOLET M.		I.R						2, DATE OF C	DEATH DAY	9'0"	3. TIME OF DEATH 1624 P M
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7 219 12 4031 1 M 2 F 79 YRS. MONTHS DAYS HOURS MIN.						7. DATE OF E (Month, De 5-20-	y, Year)	Co	RTHPLACE (State or Foreign untry)		
90. FACILITY NAME (# not in Calvert N	lemoria	treet and number) 1 Hospit	al				or Location of or e Frederi		i.	ec. COUNTY O	
RESIDENCE OF DEC	10b. COUNTY	7		10c. Cr	TY, TOWN (OR LOCA	TION				10d, INSIDE CITY
MD	Anne	Arundel	_	0.0	iend	ship					1 TYES 2 NO
10a. STREET AND NUMBER 6808 Old S		s Island	Road			10	1. ZIP CODE 20758	3		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 K NO		If yes, sp	CENDENT OF HISPAI secify Cuban, Maxica 5 2 NO Specif	in, Puarto Ricar			ACE — American Indian, lack, Whita, atc. pectly: white
(Specify on Elementary/Secondary (EOENT'S EOU ly highest grade 0-12)				work done use retired.)	during mo	ON oat of working	16b. KIN	D OF BUSI	NESS/INDUSTR	Y
8 17. FATHER'S NAME (First, A Thomas	fiddle, Last)		E IVI	hou lton	ısewi	fe	18. MOTHER'S NA	ME (First, Middl	e, Maiden S	Surname)	
19a. INFORMANT'S NAME (wa.		G ADDRES	\$ (Street	and Number or Rural	e Mar)
Barbara J.				16 V	Voodw	ard	Ct., Ann	apolis	, MD	21403	
20a. METHOD OF OISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other		oval from State	0	ther place)			metery, cremetory or arch Cem.			endship	r Town, Stata (AA) MD
21. SIGNATURE OF FUNERA	L SERVICE LA	ENSEE	7	25			nd address of fa		иО. <i>с</i>	rings. 1	MD 20736
	May	11/19	0	KHI	4						
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	aart fallure.	a. A DUE TO		h lina.			bwa -			ry Sur	Approximata Interval Batween Onset and Daeth (Ma).
Sequentially list condi-		b. OUE TO	(OR AS A C	ONSEQUENCE (0F):			U	Na	19mm	~
If any, laading to imme cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LAS	ING ury	c. OUE TO	(OR AS A C	ONSEQUENCE	0F):						
		d									i
PART II. Other signific.	owa 1	Failur Sphle	death but	s of resulting	In the u	ndariyin	e VIJ		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	O MEOICAL	HOSPITAL:			OTHE		LACE OF OEATH (C	heck only one)			
1 TYES 2 NO		1 Inpetient 2			4 🗆 Nu	raing Hor	me 5 Residence			I KIRW OOGLEST	
_/	Pending Investigation	(Month, L	Day, Year)		M	1 🗆	ORK? YES 2 NO	28d. DEŞCHI	BE HOW IN	IJURY OCCURE	
3 Sulcide 8 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — etc. (Specify	At home, farm	, street, fac	tory, offi	ca		ON (Street a. own, State)	nd Number or Ru	ral Route Number,
(Orack Oray		ICIAN: To the best of a									ise(a) and manner as stated.
296 BIGNAPUPE AND TITLE	е от сентие	"	V	7	•		29c. LICENSE NU			P 6	23/90
Craig Jes		O COMPLETED CAU	SE OF DEAT	H (ITEM 27) (Ty)		nce	Frederic			/	1
31. DATE FILED (Month, Day	Year)	P. REGISTR	AR'S SIGNAT	NDE J. DO			. , 5467 76	,			
JUN 2	6 1990	Julia Da	udson-	Managar							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

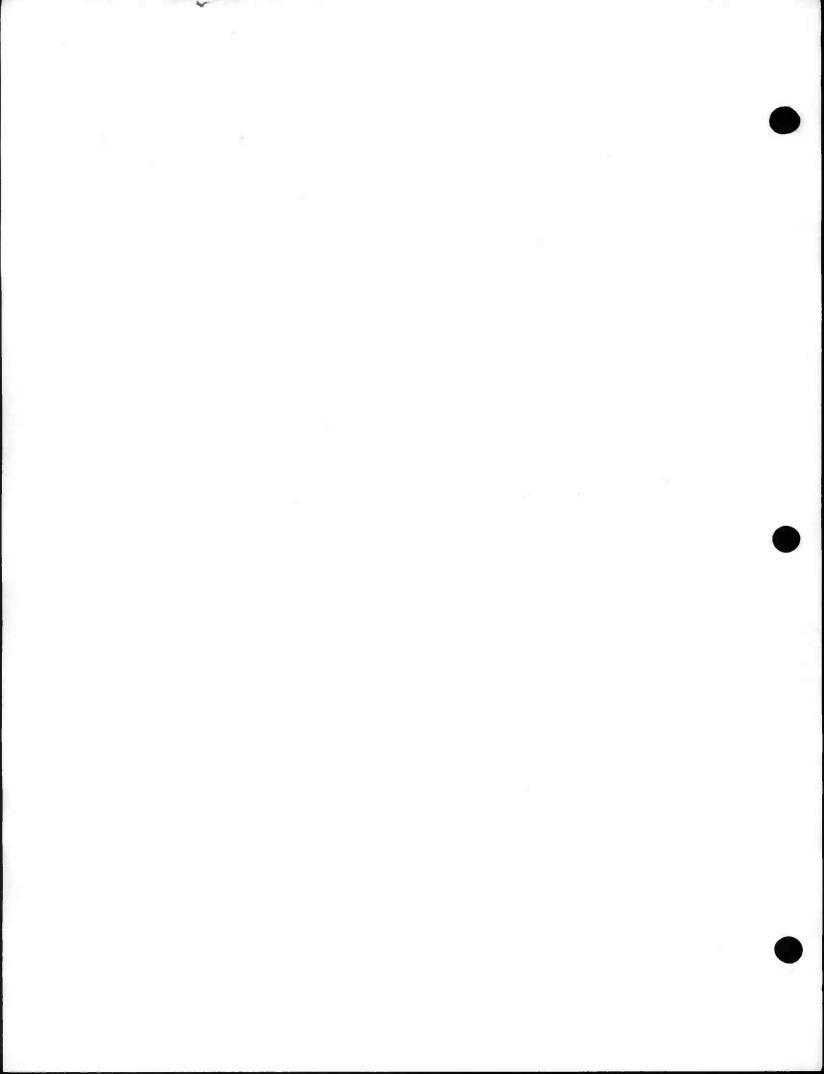
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JUN 1 8 90

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.																				
	1. DECEDENT'S NAME (First, Middle, Last)	Paul	7,	:://-	1/		2. DATE OF	DEATH DAY	<u> </u>	YEAR E	3. TIME OF DEATH											
	4. SOCIAL SECURITY NUMBER		In yrs. lest birt	ISI birthday) IF UNDER I YEAR IF UNDER 24 HRS.			7. DATE OF I	URTH			LACE (State or Foreign											
	218-34-7584	1 X M 2 D F 68		YRS. MONTHS	DAYS	HOURS MIN.	(Month, De	y, Year)	4	Country) Mary	land											
~	9e. FACILITY NAME (If not institution, give st	reet end number)		11000		R LOCATION OF DE			9c, COUN	TY OF DE	ATH											
DIRECTOR	Manokin Manor			MWW	K P	rincess	Anne		Som	erse	t											
<u>n</u>	10e. STATE 10b. COUNTY		10	De. CITY, TOWN C	R LOCAT	ION				1	IOd. INSIDE CITY											
E	Maryland Wico	mico		Hebron							LIMITS?											
AL.	10e. STREET AND NUMBER		-		_	ZIP CODE		10g. CITIZEN OF WHAT			IAT COUNTRY?											
FUNERAL	Rt. # 1 Box 11	18				21830			U	SA												
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I				ENDENT OF HISPAN			or No-	14. RACE - Black.	- Amaricen Indien, White, etc.											
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		If yes, specify Cuben, Mexican, Puer 1 ☐ YES 2 ☑ NO Specify:					Specify													
	15. DECEDENT'S EDUC	CATIONI	46- 05050	TATE HOUSE OF	001101710		40. 1/10	D OF BUO	1	MATON!	White											
E	(Specify only highest grade	completed)	(Give k	DENT'S USUAL OF dind of work done (NOT use retired.)	during mos	st of working	100. KIP	ID OF BUS	INESS/IND	USTRY												
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Fa	rmer			Ω,ν	n Fa	arm													
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			i iiiCi		18. MOTHER'S NAI				_												
ЕС	Paul H. Twill	ev				Helen	н. н	lors	ev													
m	19e. INFORMANT'S NAME (Type/Print)		19b. M.	AILING ADDRESS	S (Street a	nd Number or Rural F				Code)												
2	Martha Twilley			Same	as	10.																
	20a_METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)																					
	\$\\ \begin{align*} Openetion of The Openetic of The Openetic of Th																					
	22. NAME AND ADDRESS OF FACILITY																					
	Bounds Funeral Home, Salisbury, Md.																					
	28. PART i. Enter the diseases, or	omplications that cause	d the death	. Do not antar	tha mo	da of dying, sucl	h as cardiac	or respi	ratory arr	est,	Approximata											
	IMMEDIATE CAUSE (Fine)										Onset and Death											
	disease or condition																					
		DUE TO (OR AS						-														
N	Sequentially list conditions,	DUE TO (OR AS	12 her	ses de	Mer						·											
ATIC	if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS	A CONSEQUE	NCE OF):																		
FIC	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUE	NCE OF:	rhruh	^																
CERTIFICATION	resulting in death) LAST	7	Preumon	F 160																		
		0.																				
AL	PART II. Other significant condition	s contributing to death i	out not resu	iting in the ur	Part i. 24	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO													
15		1 UES 2 LATO									COMPLETION OF CAUSE OF DEATH?											
DIC							— I'				1 TYES 2 TNO											
MEDIC							_ '															
AN: MEDIC	25 WAS CASE DESERBED TO MEDICAL				00 P4	ACE OF DEATH (C)																
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	R:	ACE OF DEATH (Che	eck only one)															
HYSICIAN: MEDIC		HOSPITAL: 1 Inpatient 2 ER/Out		DOA 4 P Nur	R: sing Hom	e 5 🗆 Residence	eck only one) 6 Other (S		NJURY OC													
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 YND 27. MANNER OF DEATH 1 Netural 5 Pending	1 - Inpatient 2 - ER/Out			R: sing Hom 28c. INJ WO	e 5 🗆 Residence	eck only one)		NJURY OC													
В	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	Y — At home,	Bb. TIME OF INJURY M	R: rsing Hom 28c. INJ WO 1 🔲 1	e 5 Residence URY AT RK? YES 2 NO	eck only one) 6 Other (S) 28d. DESCR	BE HOW II		CURED	oute Number,											
В	EXAMINER? 1 YES 2 YND 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	Y — At home,	Bb. TIME OF INJURY M	R: rsing Hom 28c. INJ WO 1 🔲 1	e 5 Residence URY AT RK? YES 2 NO	eck only one) 6 Other (S) 28d. DESCR	BE HOW II		CURED	oute Number,											
В	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFUNC DUYS!	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spe	Y — At home,	DOA 4 PNur 8b. TIME OF INJURY M	R: sing Hom 28c. INJ W0 1 1 1	URY AT PES 2 NO	eck only one) 6 Other (S 28d. DESCR 28f. LOCATION City or 7	ON (Street e	and Number	or Rural Ro	oute Number,											
В	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29e. CERTIFIER (Check only	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	Y — At home,	Bb. TIME OF INJURY M farm, street, fac	R: sing Hom 28c. INJ W0 1 1 1 tory, office	e 5 Residence URY AT RK? /ES 2 NO e end place, end dua	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 1	DN (Street e bwn, State)	and Number	or Rural Ro	·											
COMPLETED BY	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29e. CERTIFIER (Check only	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	Y — At home,	Bb. TIME OF INJURY M farm, street, fac	R: sing Hom 28c. INJ W0 1 1 1 tory, office	e 5 Residence URY AT RK? /ES 2 NO e end place, end dua	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 7 to the cause(time, date en-	DN (Street e bwn, State)	and Number	or Rural Ro	·											
В	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	Y — At home,	Bb. TIME OF INJURY M farm, street, fac	R: sing Hom 28c. INJ W0 1 1 1 tory, office	e 5 Residence URY AT RK? /ES 2 NO e end place, end dua eath occured at the	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 7 to the cause(time, date en-	DN (Street e bwn, State)	and Number	or Rural Ro	end menner ee atated.											

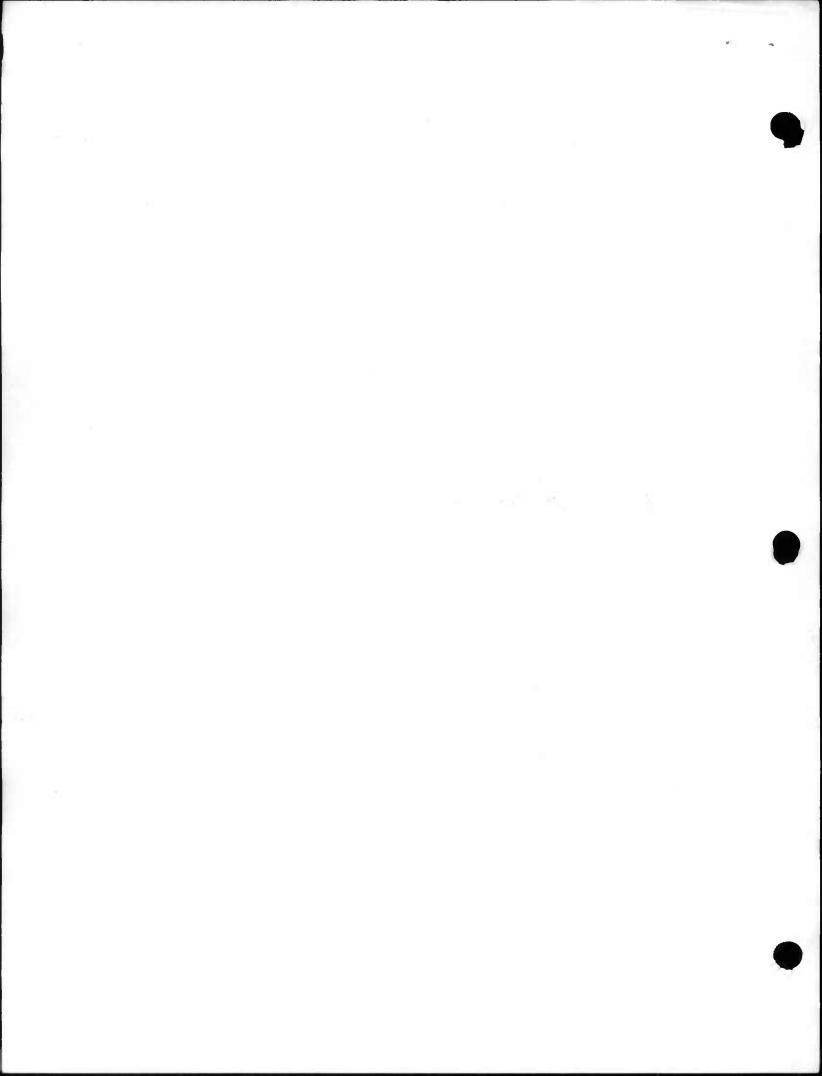


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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
,			

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)	(m.n. 7	Thomas)			2. DATE OF DEATH	200	year 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign				
OR	214 12 1930	1 🔀 M 2 🗆 F	69 YRS.	ONTHS DAYS	HOURS MIN.	06 24		Maryland			
	9a. FACILITY NAME (If not institution, give Francis Scott Ke	,	91	Baltin	R LOCATION OF DE	ATH		imore City			
ទួ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	10c. CITY. T	OWN OR LOCAT	ION			10d. INSIDE CITY			
DIRECTOR		timore		imore				LIMITS?			
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?			
ER/	2035 Larkhall R	toad			21222		Unit	ed States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe		HC ORIGIN? (Specify n, Puarlo Rican, atc.)	Yea or No-	14. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION de done during montred.)	N st of working	18b. KIND OF	BUSINESS/IND				
린	12		TRUCK D	RIVER		Tran	sporta	tion			
ğ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid					
BE	Wilbur	Orem				e Pitcher					
ဥ	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or					
	Dorothy N. Orem					altimore,					
	20a. METHOD OF DISPOSITION 1 To Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Crest Lawn Memorial Gardens 20b. PLACE OF DISPOSITION (Name of cametary, crematory or other place) Crest Lawn Memorial Gardens Marriottsvil										
	21. SIGNATURE OF THE RAL SERVICE LICENSE. 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 91 Willis Street, Westminster, MD 21157										
CERTIFICATION	23. PART I. Enter the diseases, pr complications, that caused the death. Do not enter the mode of dying, euch es cerdiac or reepiratory srrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Ch	eck only one)					
SIC	EXAMINER?	HOSPITAL:		THER:		8 Other (Specify)					
Ϋ́	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJ		28d. DESCRIBE HO	W INJURY OCC	CURED			
BY P	1 Natural 5 Pending 2 Accident Investigation		INJUN		rES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, ferm, stre	et, factory, offic	•	281. LOCATION (Str. City or Town, St	eet and Number ate)	or Rural Route Number,			
COMPLETED	100000000000000000000000000000000000000	SICIAN: To the best of my know						ed.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NUI	MBER	29d. DATI	E SIGNED (Month, Day, Year)			
0	Millinder mD				F8693		> 6	0/20/90			
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, PI	rint)				1			
	31. DATE FILED (Month, Day, Year)	N 2 1 '90	Sulia Davis	dans Pro	£ 00 .		-				

DHMH-16 Rev 1/89



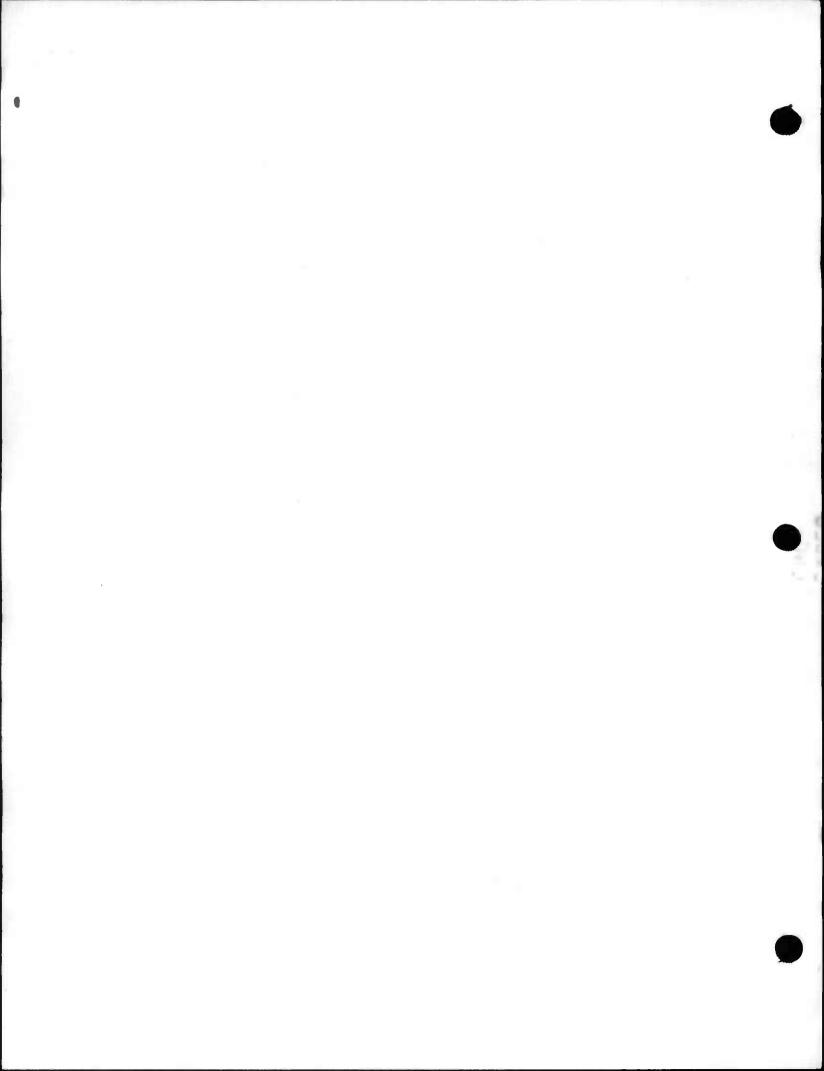
IMPORTANT; if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

90-18496

1 - FOR STATE REGISTRAR		STATE OF MARYL					EALTH AND I	MENT	AL HYGIENE REG. NO.		-	
1. DECEDENT'S NAME (First,	Middle, Last)							2. DAT	TE OF DEATH	,	YEAR	3. TIME OF DEATH
MATTHEW S	TEPHEN	VIPOND						JUN			90	11:55 a.m.
4. SOCIAL SECURITY NUMB			(in yrs. last t		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.		rE OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
None	1	1 X M 2 □ F		YRS.	3	6	HOURS MIN.			990		sylvania
9a. FACILITY NAME (If not in							R LOCATION OF DE	HTA		9c. COU	NTY OF D	EATH
THE JOHNS H		HOSPITAL	_	P	BALTI	MOR	E CITY			BAL	TIMO	RE CITY
10a. STATE	RESIDENCE OF DECEDENT									10d. INSIDE CITY		
										LIMITS?		
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT (
752 North Bo	ovd St.						21719			H	nite	d States
11. MARITAL STATUS		2. WAS DECEDENT EVER	N U.S. ARM	ED			NDENT OF HISPAN					— American Indian, k, Whita, etc.
1 X Never Married 2 3 Widowed 4 Divo		FORCES? 1 YES		1			cify Cuban, Maxica 2 XNO Specifi		to Rican, etc.)		Speci	ify:
					<u> </u>							White
	EDENT'S EDUCAT highest grade co.		(Give	EDENT'S U a kind of wo Do NOT use	ork done du			1	66. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5 +)	Non		reared.)				None			
17. FATHER'S NAME (First, M)	Idde I		NOH	е					t, Middle, Maiden S			
		nhan Winani								sumame)		
MILCINE		phen Vipond		MAIL INC.	DDDESS (Street or	Wanda J			Ctata 7	o Codol	
Michael Ste		inond					St, Ft.				2171	Q
20a. METHOD OF DISPOSITI							etery, crematory or	• 1(3			City or To	
1 Buriel 2 Crematto 4 Donatton 5 Other	n 3 - Ramovi	al from State	other plac	(9)			Memoria	l Ps				
21. SIGNATURE OF FUNERAL			cinics	500-0			D ADDRESS OF FA		II K NOO	,5 (1)	,	OI1
1	-//	0011			Lar	ne F	uneral 1	Home	9			
12.	evi-	-13. Eug		0827			ickamauga					30741
23. PART i. Enter the di ehock, or he	iseases, or cor sert feilure. Lie	mplications that cause at only one cause on :	d the dsa sech line.	th. Do no	ot enter ti	he mod	ls of dying, suc	h as c	ardlec or reepir	atory er	rest,	Approximata interval Between
IMMEDIATE CAUSE (Fin	si	41.			, ,							Onset and Death
disesss or condition resulting in dasth)	→ a.	Meta	stat	je 1	hal	odo	id liv	er	tuno			3/7/90
		DUE TO (OR AS	A CONSEOL	JENCE OF)	*							
Sequentisity list conditi	lons, b.	DUE TO (OR AS		IFMOS OF								
if any, iseding to imms cause. Enter UNDERLY	diats	DOE TO (OR AS	A CONSECU	JENCE UF)	1							i
CAUSE (Disease or Inju		OUE TO (OR AS	A CONSEOL	JENCE OF)	*							
resulting in desth) LAS	Т											ļ
	d											
PART ii. Other significs	nt conditione	contributing to deeth	but not re	suiting in	ths und	erlying	csuse given in	Part i.	24a. WAS AN /		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
			_						1 TYES 2	NO		COMPLETION OF CAUSE DF DEATH?
												1 ☐ YES 2 E NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER:		ACE OF DEATH (Ch	eck only	one)			
1 🗆 YES 2 🗹 NO	i	npetient 2 - ER/Out	tpetlent 3				5 Rasidenca	8 🗆 0	ther (Specify)			
27. MANNER OF DEATH		(Month, Day, Ybar)		28b. TIME INJU	OF 2	WO!		28d. (DESCRIBE HOW IN	JURY OC	CUREO	
	Pending Investigation				М	1 🗌 Y	ES 2 NO					
	Could not be	28s. PLACE OF INJUR building, atc. (Spe		in, farm, st	reet, factor	ry, office		28f. L	OCATION (Street a	nd Numbe	r or Rural i	Route Number,
4 Homtelda	determined											
29a. CERTIFIER 1 CERT	TIFYING PHYSICIA	AN: To the best of my know	wiedge, des	th occurred	d at the tim	ne, data	and place, and due	to the	cause(a) and man	ner as sta	ited.	
one) 2 MED	ICAL EXAMINER:	On the beals of exeminati	on and/or in	vestigation	, in my opi	inton, de	ath occured at the	time, d	ata and place, and	dua to t	he cause(i	a) and manner as stated.
296. SIGNATURE AND TUCE	OF CERTIFIER	1					29c. LICENSE NU	MBER		29d. OAT	TE SIGNEC	(Month, Day, Year)
4/VX	reunt	es					1 39	07	-6		61	12/90
30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETEO CAUSE OF D	EATH (TEM	27) (Туре,	Print)			~ /	V		-	12420
Linda Smi	th Re	sur - Joh	ins H	boki	us F	1051	ital - a	600	N. Wal	16	57.	13/90 Baltimore
31. DATE FILED (Month, Day	Year)			1		-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	
104 T R 2	IU	Julia Davidson	Mana	200								



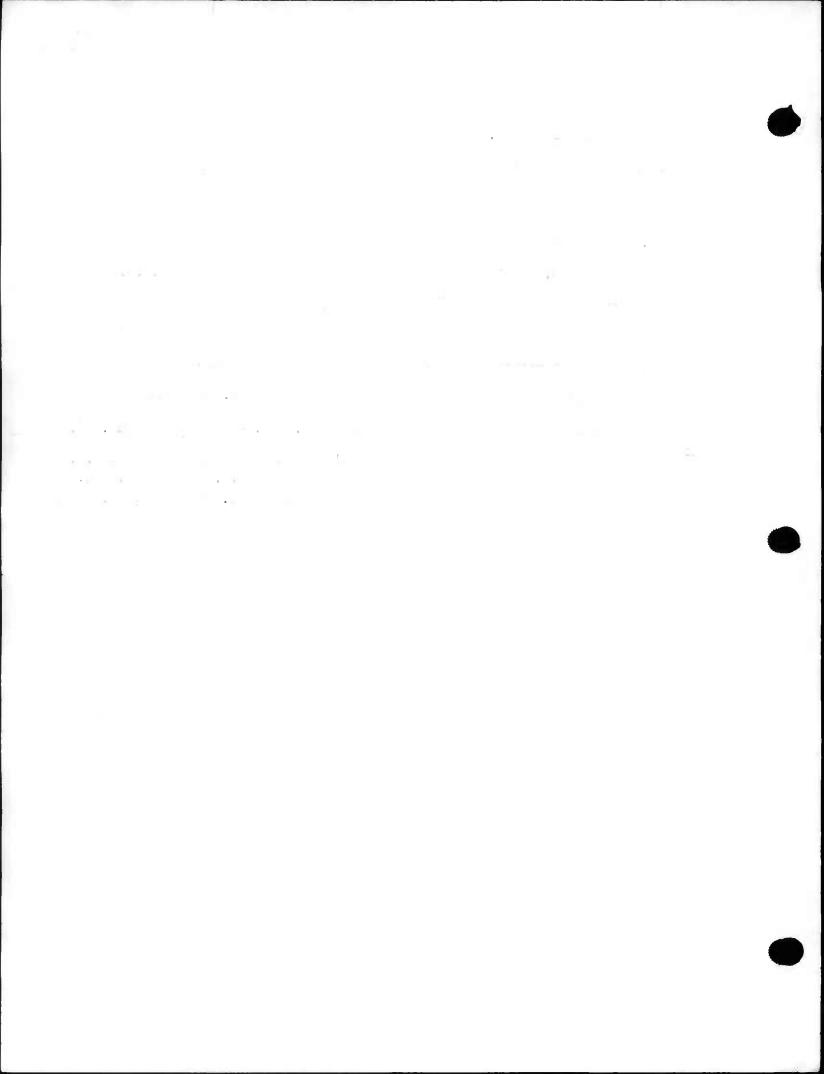
_	afte
	SJROJA
ŝ	within 2
2	executed
<	2
5	certificate
Ľ	death
0	he
5	that 1
200	requires
	ME
1	Ę
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after
NOISI	ATTENDING
5	OR
_	HOSPITAL

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYL	AND / DEPARTM			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
,	Diorvet	t A.	Vene	er		6-12-9		4:05AMm			
	4. SOCIAL SECURITY NUMBER 5. S	SEX 8. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)			
	116-41-1399 1 [M 2 X F	25 YRS.	HITHS DAYS	R LOCATION OF DE	June 13		Panama			
DIRECTOR	7600 Maple Avenue			Takoma		.e.iri		gomery County			
디	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY, 7	OWN OR LOCAT	ON			10d. INSIDE CITY			
<u>E</u>	MD. Mon	taomomi			Takoma	Park		LIMITS?			
	100. STREET AND NUMBER	tgomery			ZIP CODE	rain	10g, CITIZEN	OF WHAT COUNTRY?			
2	7600 Maple Ave.	# 701		72.	20912		II.S	s.A.			
FUNERAL		WAS DECEDENT EVER IF	U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify		RACE — American Indian.			
		FORCES? 1 YES		It yes, spe		n, Puerto Rican, atc.)		Black, White, atc.			
B⊀	3 Widowed 4 Divorced				- KAL			Specify: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade company)	ON pieted)	16a. DECEDENT'S US	k done durina mo	N at of working	16b. KIND OF	BUSINESS/INDUST	FRY			
91		ollege (1-4 or 5+)	life. Do NOT use n	etired.)							
MP	date		Bank	Teller			tibank				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid					
8	Cecil Berna	.rd			010		Griffith				
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or		71140			
	Olga Spalding		18600					Hts Ca.			
	20e. METHOD OF DISPOSITION Burlal 2 Cremetion 3 Removal	from State	other place)				LOCATION - City				
	4 Donation 5 Other (Specify)		Long Isla			ry .	Long Isl	Land, N.Y.			
ı	21. SIGNATURE OF TONERAL SERVICE LICENS	10/	# 670	1		CILITY W.W.C					
	Fromas S. C	Namper	2	5801	Clevelar	nd Ave. R	iverdale	e, MD. 20737			
	23. PART i. Enter the dieeeses, or com- shock, or heert feliure. List			enter the mo	de of dying, suc	h ee cerdiec or re	epiretory erreet	Approximate interval Between			
	IMMEDIATE CAUSE (Finel	,						Onset and Death			
	disesse or condition resulting in death) a		vounds of	chest	(1) and a	abdomen (1)				
	OUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions,										
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING										
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
E	resulting in death) LAST										
AL.	PART II. Other aignificent conditione co	ontributing to death t	out not resulting in	the underlyin	g ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
8						XX YES	3 2 NO	OF DEATH?			
ME						_		XX YES 2 NO			
PHYSICIAN: MEDIC											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26, PI	ACE OF OEATH (Ch	eck only one)					
IYS	27. MANNER OF GEATH	Inpatient 2 ER/Out				6 Other (Specify)					
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (TY WO	RK?	28d. DEŞCRIBE HO		REO			
BY	2 Accident Investigation		6-12-90 3:40AM 1 YES 2 XXC 28e. PLACE OF INJURY — At home, farm, street, factory, office				Subject shot 281. LOCATION (Street and Number or Rural Ro.				
E	3 Suicide 6 Could not be determined	building, etc. (Spe	cify)	City or Town, St	Octavion (Street) 00 Maple Avenue, Takoma Park						
国	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the beginning as attract.) More representations as attract.										
COMPLETED	000										
8	MEDICAL EXAMINER: 0	on the beer of examination	in end/or investigation,	in my opinion, c							
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Ulan			29c. LICENSE NU OCM			IGNED (Month, Day, Year)			
2	manne UM	UMULL			U CCF1						
	30. NAME AND ADDRESS OF PERSON WHO CO MARGARITA A. KORE				n Street	,Baltimon	ce,MD 21	.201 vo			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	ATURE				.:				
	JUN 1 8 '90	Julia Davidson	-Mandells								

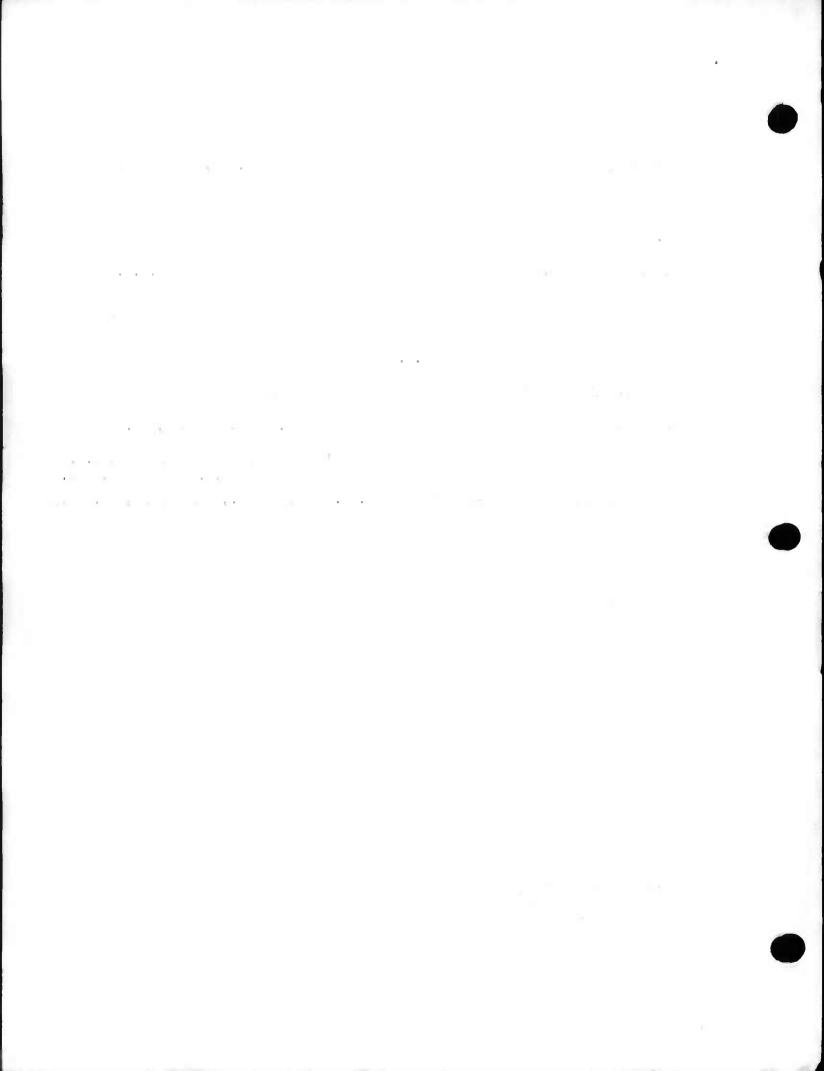


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Surs after death. Page 6 may be mained by the intending physician and completely filled in by the funeral director, page 5 should be described in the serificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. LEM 2.3 Page 1 should be described in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. LEM 2.3 Page 1 should be said to the said of ours after death. Page 6 may be retained by the hospital or attending physician.

	Item: FOR Film REGISTRAR 7/1	G-665	STATE OF I	r ME MARYLAN	ID / DEPAF CERTIF	TMENT	OF H	EALTH DEA	AND I	MENTA	L HYGIEN REG. NO.	E	J (0 10436
,	1. DECEDENT'S NAME (First, Middle, Last) LORENZO				VENER					2. DATE OF DEATH DAY 6-12-90		NY	YEAR	3. TIME OF DEATH 4:04AM M
	4. SOCIAL SECURITY NUMB		5. SEX 1 ☑ M 2 ☐ F	8. AGE (In y	rs. lest birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE (Mont	OF BIRTH	262	Count	HPLACE (State or Foreign ry)
	9a. FACILITY NAME (If not in	*	21	20		9b. CITY	TOWN	OR LOCAT	ION OF DI		25,19		NTY OF D	ANAMA
2	7600 Maple							oma :						mery County
5	RESIDENCE OF DEC								Lain			MOI	rugu	
DIRECTOR	MD.				10c. C11	Y, TOWN C		PARI	7					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	MD. MONTGOMERY 10a. STREET AND NUMBER					TWI		. ZIP COD				10g. CITIZEN OF WHAT COUNTRY?		
ER/	7600 MA	PLE AV	E. #701					209:	12			Ū	J.S.	A .
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Divo	rced		E DUT	es Y		if yes, sp	ecify Cub 2 NO	en, Maxica	in, Puarto y:	N? (Specify Yes Rican, etc.)		Spec	E — American Indien, k, Whita, etc.
	(Specify only	highest grade	completed)		Ba. DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATI during me	ON ost of work	ing	188	. KIND OF BU	SINESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	Collega (1-4 or 5	+)		NAV					DI	EFENS	SE	
0	17. FATHER'S NAME (First, M	iddle, Last)	-					18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BEC	BENJA	MIN V	ENER						EM	LIA		SHAW	7	
2	19a. INFORMANT'S NAME (7		1								ber, City or Tow			
-	BENJAMIN		iR		7502					149	HOUS			
	1 Donation 5 Other	n 3 🗆 Rem	oval from Stata	00	LACE OF DISPO ther place) Long Is					-0777		CATION —		
	21. SIGNATURE OF FUNERA		CENSEE		TOTA TE			ND ADDR						nd, N.Y.
	· alla	1/1	la mello	611	/ _M0009]		7 77	CIT	A A COUNTY	20.00				MD. 20737
CERTIFICATION	disease or condition resulting in deeth) e. Guistol Wound of Read Gunshot Wound of HEAD Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST oue to (or as a consequence of): oue to (or as a consequence of):													
PHYSICIAN: MEDICAL CE	PART II. Other signification	ant condition	ne contributing to	deeth but	not resulting	In the underlying ceuee given in Pert I. 24				24s. WAS AN PERFOI	RMEO?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XIX YES 2 \(\sqrt{1}\) NO	
¥	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL						LACE OF	DEATH (C	heck only o	nne)			
L SI	XIXXYES 2 NO		HOSPITAL:	☐ ER/Outpati	lant 3 🗆 ODA	4 Nu		ne 8 XX	deldence	8 🗆 Oth	er (Specify)			
PH	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE O (Month,	FINJURY Day, Year)		JURY	W	JURY AT ORK?		28d. DESCRIBE HOW INJURY OCCU		CCURED		
B	2 Accident	Investigation	6-12-	2-90 3:40AM 1 VES X NO CE OF INJURY — At home, farm, street, factory, office				Subject shot 28f. LOCATION (Street and Number or Rural Route No.			Boute Number			
	Suicide 8 Could not be building, atc. (Specify)									City	City or Town, State) 7600 Maple Avenue, Takoma Pa			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(s) and manner as stated. MODICAL EXAMINER: On the best of aximination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
BE	29b. SIGNATURE AND TITLE	INTE OF CERTIFIER YOULL					29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year) 6-13-90			
۵	MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201									21201				
	31. DATE FILED WAY Pay,	3°°90	32. REUSTRAR'S SIGNATURE Julia Davidson-Fandall											



Pages 1, 2, 3 should

permit.

for use as the burlal-transit

detached

2 te

funeral director, page 5 should

the medical

filled in by 0

completely filled rial, cremation, o the

once

notified

must

examiner

FOR STATE

1 -

BOX 13146,	icate be executed within	physician and completel to prior to burial, crema
, P.O.	death certif	e attending fental Hygier
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	(OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel rithin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crem?
DIVISION	IOSPITAL OR ATTENDING	UNERAL DIRECTOR: After rithin 72 hours after death

REGISTRAR **CERTIFICATE OF DEATH** 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH P incenti 1990 11:31 DOSEPH JUNE BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) lhr 1 M 2 - F 69 YRS. 218015359 Maryland 9 20 29 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARFORD HARFORD tospital DIRECTOR HAVRE EDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Cecil County Maryland Perryville 1 X YES 2 | NO 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 584 Cecil Avenue 21903 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married
3 Wildowed 4 Divorced 1 TES 2 NO Specify: White Specify: B W.W. II COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp V.A. Medical Center ementary/Secondary (0-12) Collega (1-4 or 5+) Eleven Years Perry Point, Maryland Nursing Service 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Leopoldo Vincenti Margareta Warrick 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph A Vincenti Cecil Ave Perryville Md 21903 pe 20a METHOD OF DISPOSITION
1 Description 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Mt. Erin Cemetery 4 Donetion 5 Other (Specify) Havre de Grace, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home atteram Perryville, Maryland 21903 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or reepiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final disease or condition Coronary Artery Disease 1 hour resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): ASCVD CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 23 shows any Injury, Ser Ser PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO XXXXXXXXXX coronary artery by-pass surgery COMPLETION OF CAUSE 1 - YES 2 X NO MEDI OF DEATH? 1 TYES 2 NO hypertension PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 X YES 2 □ NO E/R 1 | Inpatient 2 | XER/Outpatient 3 | DOA e 5 🗆 Residence e 🗀 Other (Specify) 0 20a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural
2 Accident 5 Pending investigation M 1 TES 2 NO n/a n/a n/a BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 69 ETED. 4 🗌 Homicide 28 n/a n/aitem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL TO THE HOSPITAL (TO THE FUNERAL ID BE filed within 72 h 2 🔀 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner as stated. 296 SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE garsy & D21809 DME 6 11 90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S Prahbu 1810 Bel Air Rd Suite 102 Fallston, Md 21047 Tel#879 6564 31. DATE FILED (MOGIF) 091 191 190 32. REGISTRAR'S SIGNATURE Pandall.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Aura siter death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burial, cramation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MAR			OF HEALTH		TAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Mary Ethel					Ju	nte of death by	199	<u> </u>		
	214-74-3445	□ M 2 XX	GE (In yrs. lest birtnday	MONTHS	DAYS HOURS	MIN. (M	ept. 5,	1905	BIRTHPLACE (State or Foreign Country) Maryland		
TOR	9a. FACILITY NAME (If not institution, give stree At Home RESIDENCE OF DECEDENT	t and number)		1	, town or location oma Park	N OF DEATH		9c. COUNTY MON	of DEATH tgomery		
DIRECTOR	10a. STATE 10b. COUNTY	ntgamery			Park				10d. INSIDE CITY LIMITS? 1) XES 2 NO		
FUNERAL	100. STREET AND NUMBER 1208 Prospe				10f. ZIP CODE 209	12		10g. CITIZEN	OF WHAT COUNTRY?		
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 V IF YES, GIVE WAR O	ES 2 NO		WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	, Maxican, Puer		or No — 14.	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		16a. DECEDENT (Give kind o life. Do NOT	f work done use retired.)	CCUPATION during most of working		16b. KIND OF BU	SINESS/INDUS			
BE COM	17. FATHER'S NAME (First, Middle, Last) Harry Curlett		1 VALICITAL	.01		er's name (Fin	st, Middle, Maiden				
10	19a. INFORMANT'S NAME (Type/Print) Daneen Achenbach				s (Street and Number of pect St.				0912		
	20a. METHOD OF DISPOSITION Commercial Comm						20c. LOCATION — City or Town, State Millington, Md.				
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home 370 W. Cypress St. Millington, Md. 21651										
	23. PART I. Enter the diseases, or conshock, of heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st Dnly Dna Cause D	on each lina,			,	esrdiac or resp	iretory arrest	, Approximata Interval Between Onaet and Death		
TION	Due TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, Due TO (OR AS A CONSEQUENCE OF) Due TO (OR AS A CONSEQUENCE OF)										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DIE TO (OR AS A CONSEQUENCE OF): 10										
PHYSICIAN: MEDICAL CI	PART ii. Other significant conditions contributing to death but not requiting in the underlying cause given in Part I. 24- WAS AN AUTOPSY 24b WED								24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	27. MANNER OF DEATH 1 Netural 6 Pending	F DEATH						Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident 3 Sulcide 4 Homicide 26a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 26b. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)								Rural Route Number,		
COMPLETED	onol —	AN: To the best of my i							euse(a) and manner as stated.		
13	29b. SIGNATURE AND TITLE OF CERTIFIER	-				NSE NUMBER			IGNED (Month, Day, Year)		

21M (1) 1751 Ca 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall

JUN 19 '90

